

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

James T. Anderson

CERTIFICATE OF DEATH

Died at <u>Annapolis</u>		Town	Anne Arundel County		MARYLAND	
Date of death <u>1906</u>	Month <u>Jan</u>	Day <u>15.</u>	Years <u>33</u>	Age <u>33</u>	Months <u>11</u>	Days <u>18</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth place <u>Howard Co. Md.</u>				
Occupation <u>Electrician</u>	Where Residing if not at place of death <u>A. A. Co</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Barrie R. Anderson</u>					
Father's Name <u>Isaac C. Anderson</u>	Father's Birthplace <u>Howard Co. Md.</u>					
Mother's Maiden Name <u>L. G. Gates</u>	Mother's Birthplace <u>Howard Co. Md.</u>					
Name of person giving information <u>Carrie R. Anderson</u>	How related to deceased <u>Wife</u>					

CAUSES OF DEATH

(166)

How long

Hagan Case

How long

Primary

Fracious of Steel

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Rev Dr. Leopoldich
Methodist Academy
Accident
Accidental

Accident or Suicide?

PHYSICIAN
OR CORONER

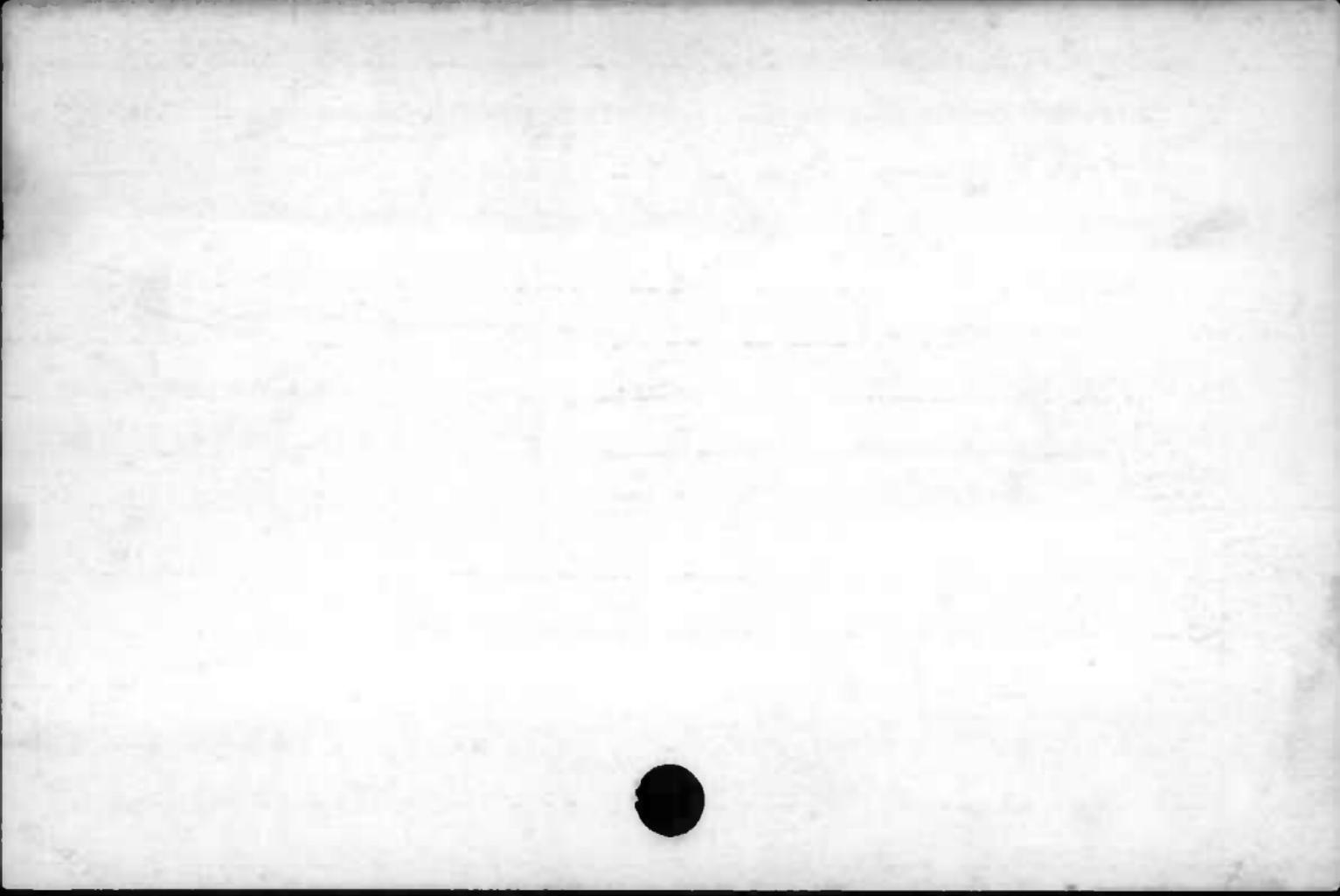


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

George Arnold					CERTIFICATE OF DEATH		
Died at	Town	County			MARYLAND	Months	Days
Date of death 1906	Month Jan	Day 29	Years 53	Age			
Sex Male	Color or Race white	Birth-place Germany					
Occupation Laborer	Where Residing if not at place of death 659 E. Clemens St., B-8						
Married, Single or Widowed	Name of Wife or Husband Mary A. Arnold	Father's Birthplace					
Father's Name James Conrad Arnold	Mother's Birthplace Germany						
Mother's Maiden Name	How related to deceased wife						
Name of person giving information Mary A. Arnold							
CAUSES OF DEATH							
Primary	64	How long					
Immediate	64	How long					
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician						
yes	Address						
Accident or Disease							



Name
in
Full

(Bias) Slick Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			
Died at Annapolis	Anne Arundel			
Date of death 1906 Jan 30	Age _____	Years _____	Months _____	Days _____
Sex _____	Color or Race Colored	Birth-place 60 North		
Occupation _____	Where Residing if not at place of death _____			
Married, Single or Widowed _____	Name of Wife or Husband _____			
Father's Name Adaline Bias	Father's Birthplace Annapolis			
Mother's Maiden Name Elyna Kirby	Mother's Birthplace Virginia			
Name of person giving information Adaline Bias	How related to deceased father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inevitable Abortion	How long
Immediate	not any.	How long

Are the name, age, sex, color, date and place correctly given above?

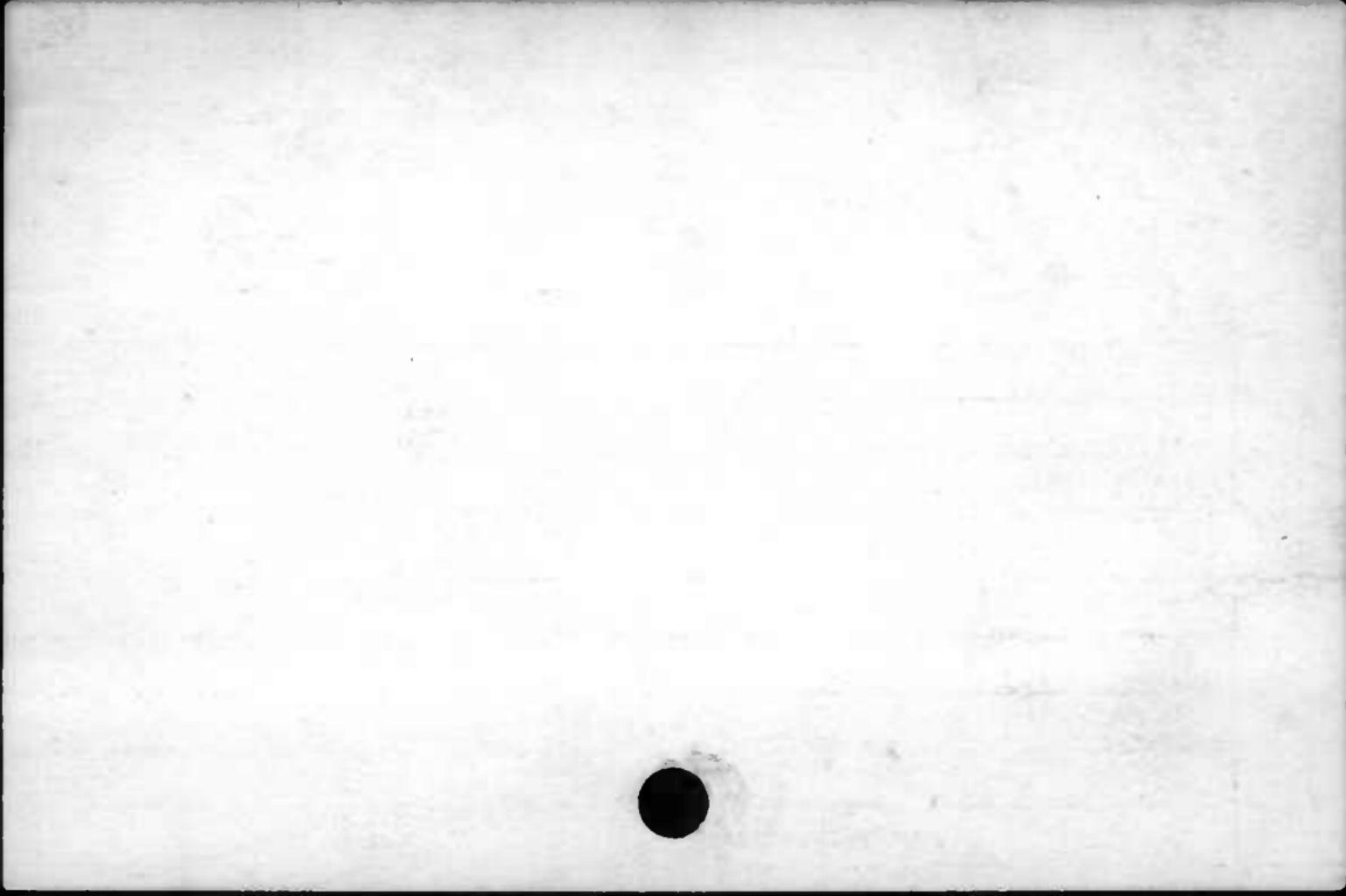
They are

Signature of Physician

Address

R. P. Keesee M.D.
60 Cathedral St.
Annapolis, Md.

Accident or Suicide? No



Name
in
Full

William Barton Brook

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Amesotes	Town	Ado	County	MARYLAND
Date of death	1906	Month Jan	1st	Day	Years
Sex	Male	Color or Race	White	Age	13
Occupation	Where Residing if not at place of death				
Married, Single or Widowed					Name of Wife or Husband
Father's Name	Joe G. Brooks				Father's Birthplace
Mother's Maiden Name	Hannah M. Nayda				Mother's Birthplace
Name of person giving information	Joe G. Brooks				How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Nephritis

How long

20 months

Immediate

Hemorrhage

How long

Are the name, age, sex, color, date and place correctly given above?

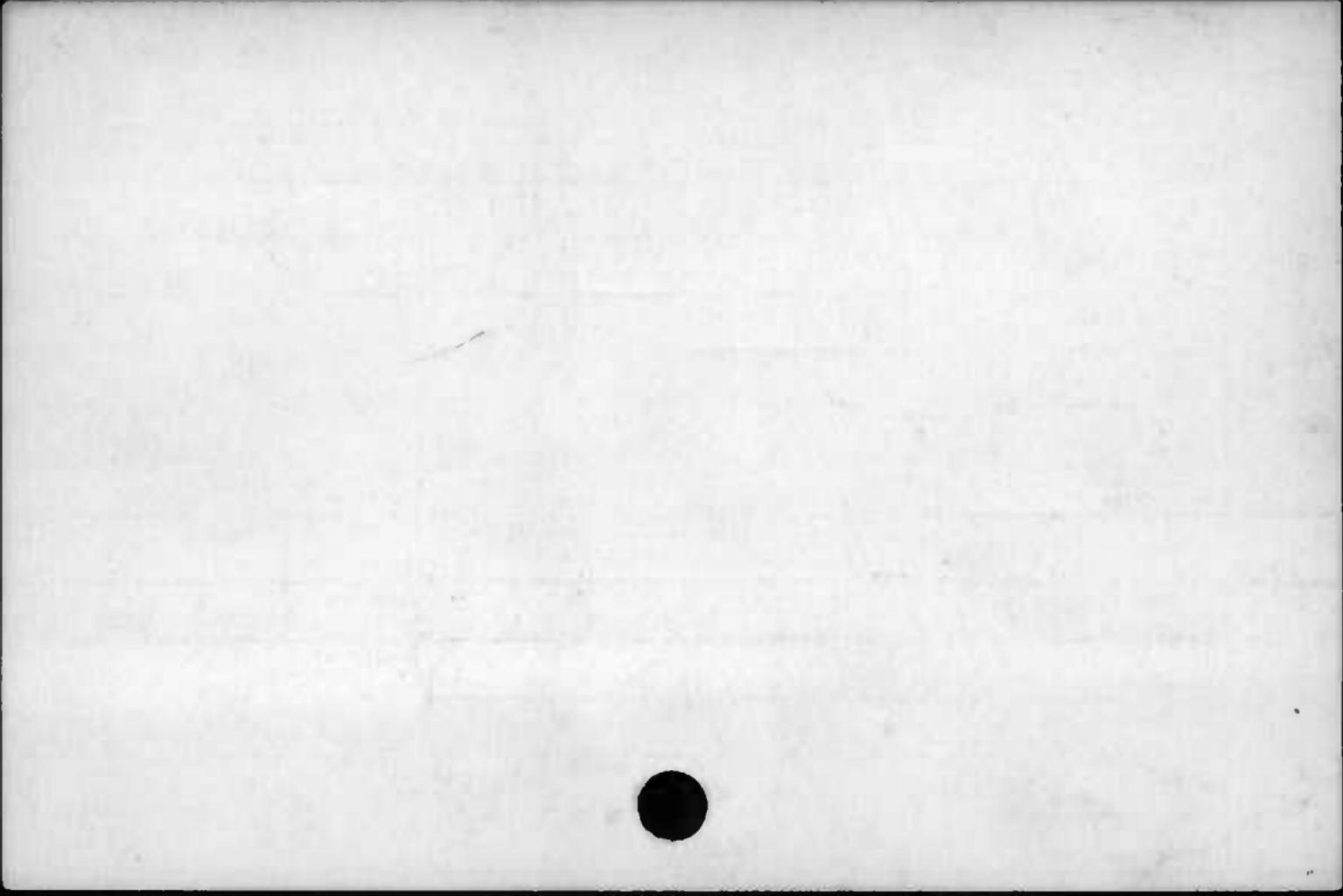
yes

Signature of Physician

Address

Wm. Leevers Landauer, M.D.
Dr. John D.
Amesotes, Md.

Accident or Suicide?



Name
in
Full

Brown

CERTIFICATE OF DEATH

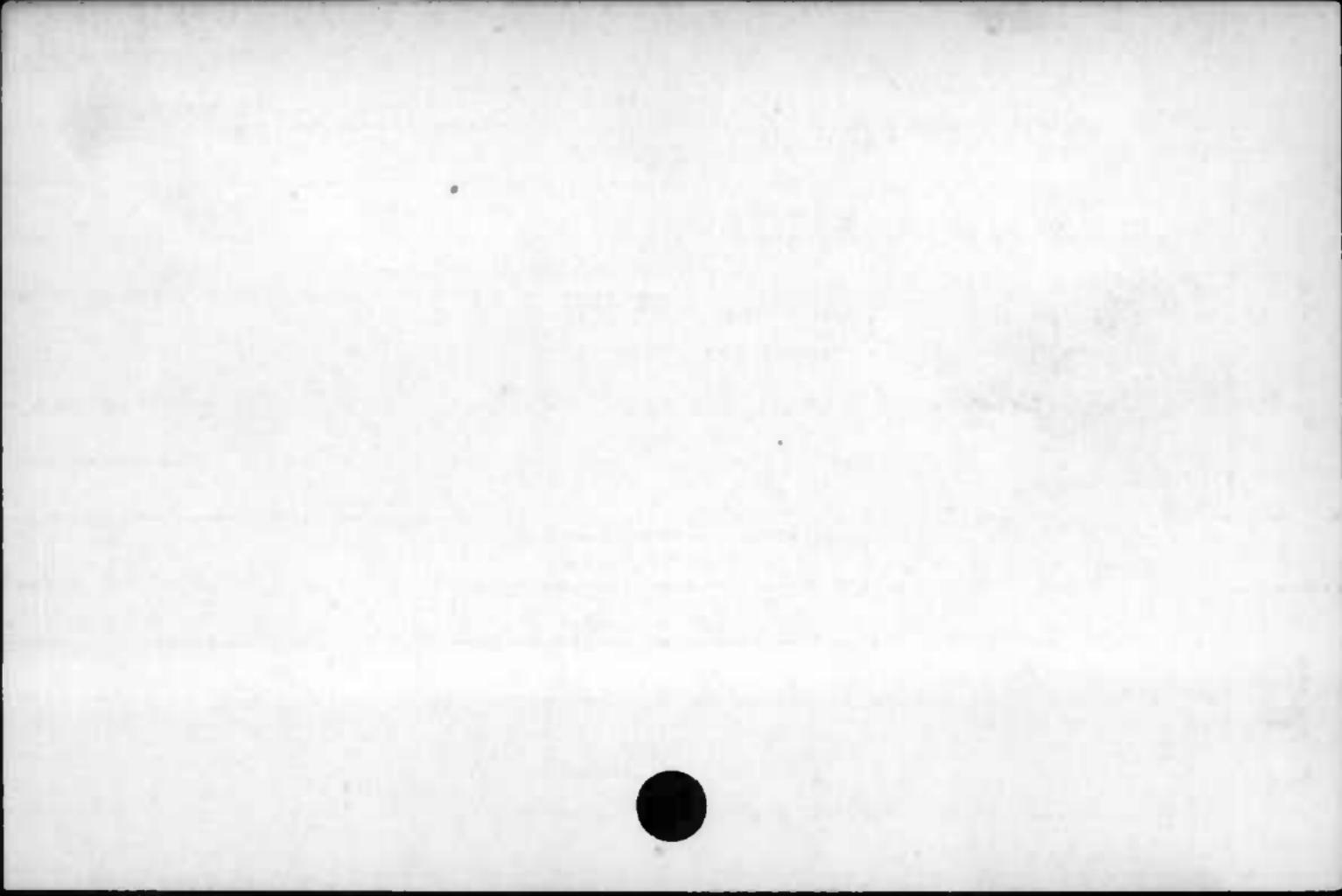
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1906	Month Jan	Day 10th	Years 6	Months 6	Days 0
Sex Male	Color or Race Colored	Birth-place Annapolis			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James Brown		Father's Birthplace	Annapolis	
Mother's Maiden Name	Charlotte Mardock		Mother's Birthplace	Annapolis	
Name of person giving information	Father 150		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Deficient circulation of the blood	How long six hrs
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
X Yes	Address	
Accident or Suicide?	John Ridout, M.D. Annapolis	



Name
in
Full

Mary E. Breyer

CERTIFICATE OF DEATH

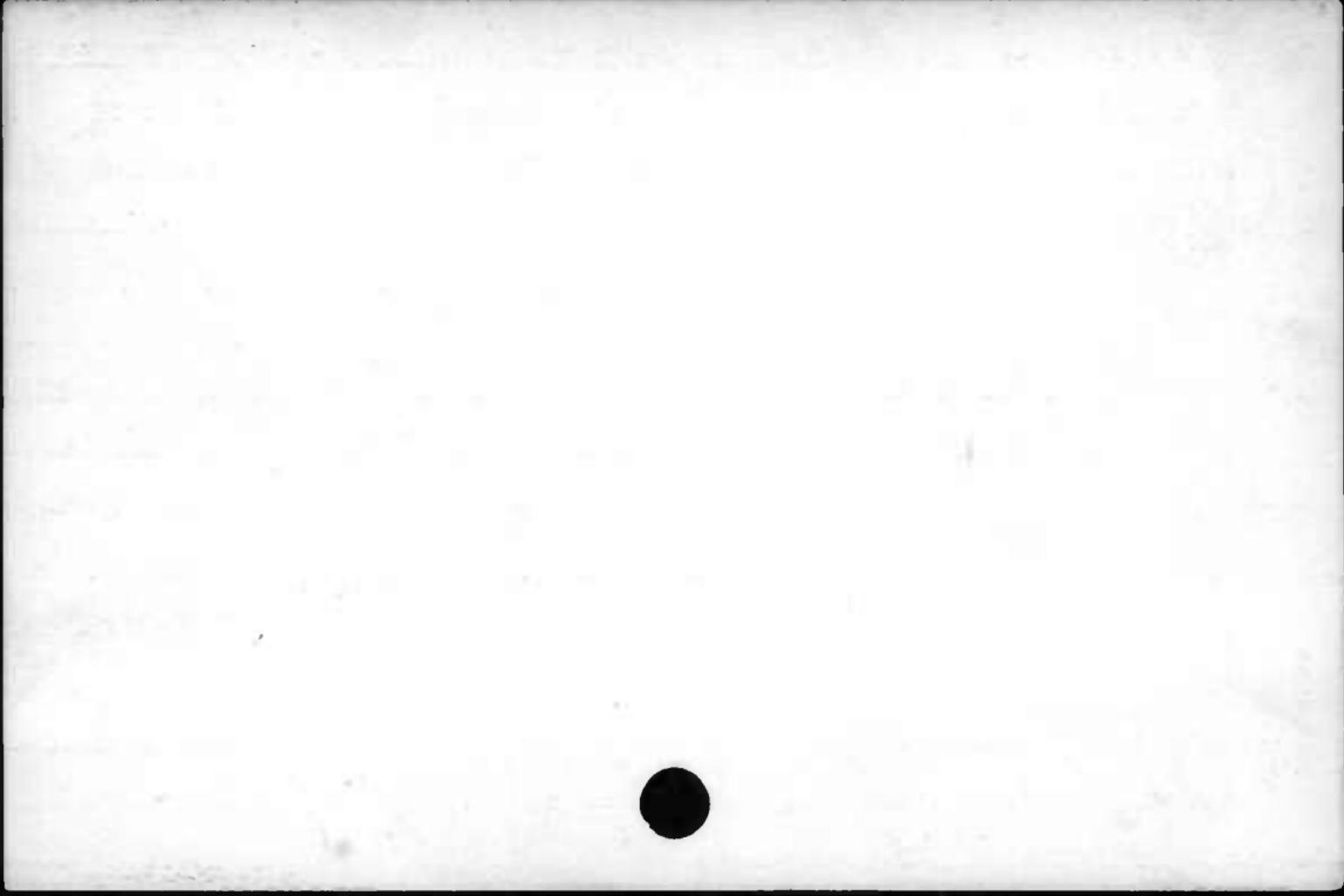
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Keller Brougham			Father's Birthplace	Hinklevort
Mother's Maiden Name	Mary Simmons			Mother's Birthplace	Annapolis
Name of person giving information	Margaret Breyer			How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Loa Grippe	(D)	How long	Two days
Immediate	Exhaustion		How long	One day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Geo. Wells,	
Yes		Address	Annapolis Md.	
Accident or Suicide?				



Name
in
Full

Anna St. Burse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death		Birth-place	
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information					How related to deceased
CAUSES OF DEATH					
Primary	Pneumonia cough		How long		4 week
Immediate	Heart failure		How long		2 days

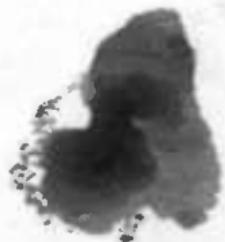
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Edna E. Chaney

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Anne Arundel Co
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Richard A. Chaney			Father's Birthplace	Anne Arundel Co
Mother's Maiden Name	Annie B. Stinchcomb			Mother's Birthplace	Anne Arundel Co
Name of person giving information	Richard A. Chaney			How related to deceased	Father

CAUSES OF DEATH

POLICE
OR CORONER

Primary

Broncho-pneumonia

12 days

Immediate

Heart failure

6 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

James S. Billingslea M.D.

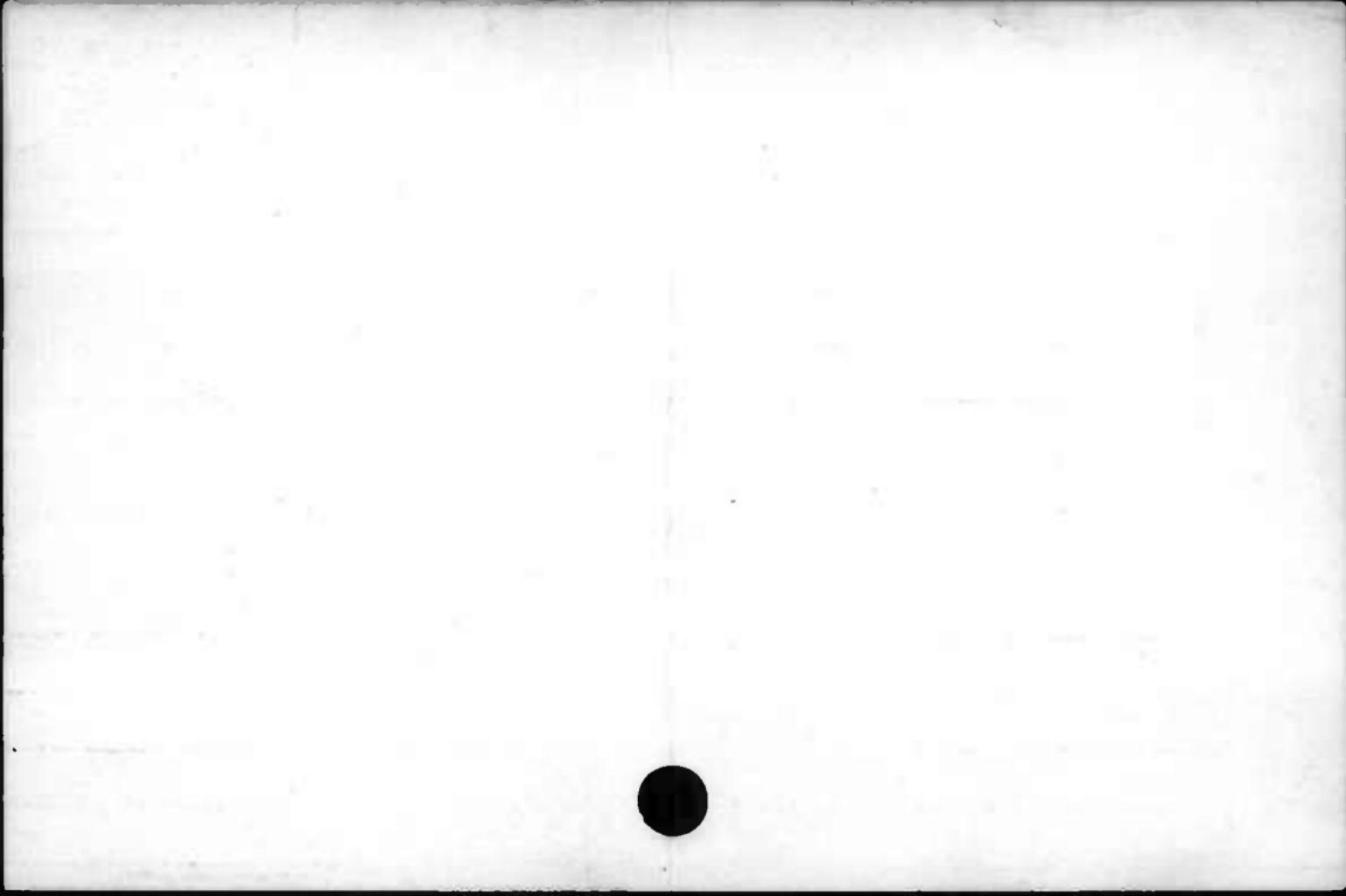
Address

Germinger

Accident or Suicide?

No -

Maryland

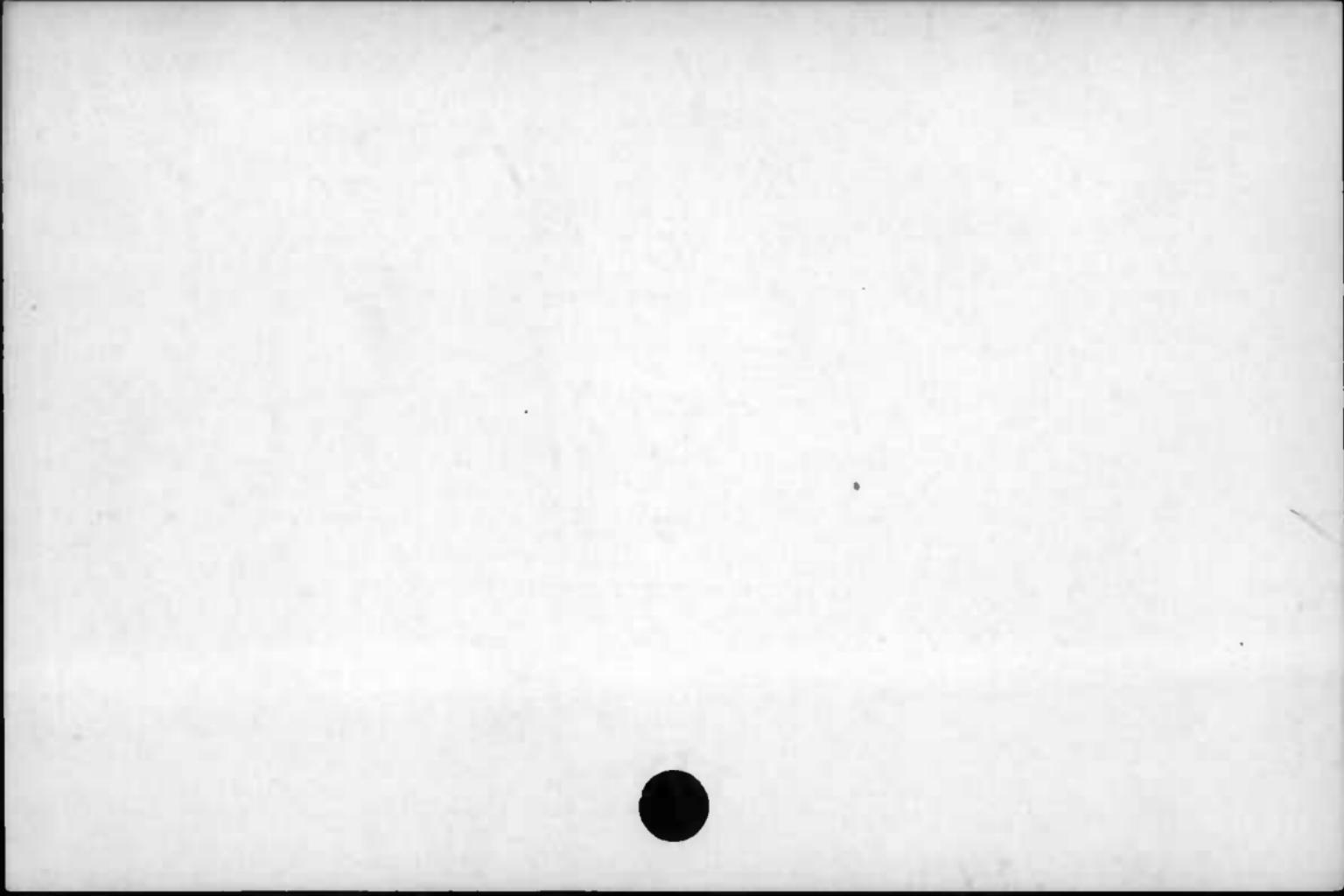


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Floyd R. Chaney				CERTIFICATE OF DEATH			
Town	County			MARYLAND			
Died at	Bearst - Post	Age	72	Months	7	Days	
Date of death	1906 Jan 9	Age	72	Birth- place	Aberdeen		
Sex	Male	Color or Race	White				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband				Father's Birthplace	Aberdeen
Father's Name	Orland G. Chaney			Mother's Birthplace	" " "		
Mother's Maiden Name	Enriqueta Rosell			Name of person giving Information	How related to deceased		
CAUSES OF DEATH							
Primary	La Grippe	(10)	How long	10 days			
Immediate	Pneumonia		How long	2 days			
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Tom S Welch M.D.			
			Address	Annapolis			
Accident or Suicide?			No				



Name
in
Full

Martha Christensen

CERTIFICATE OF DEATH

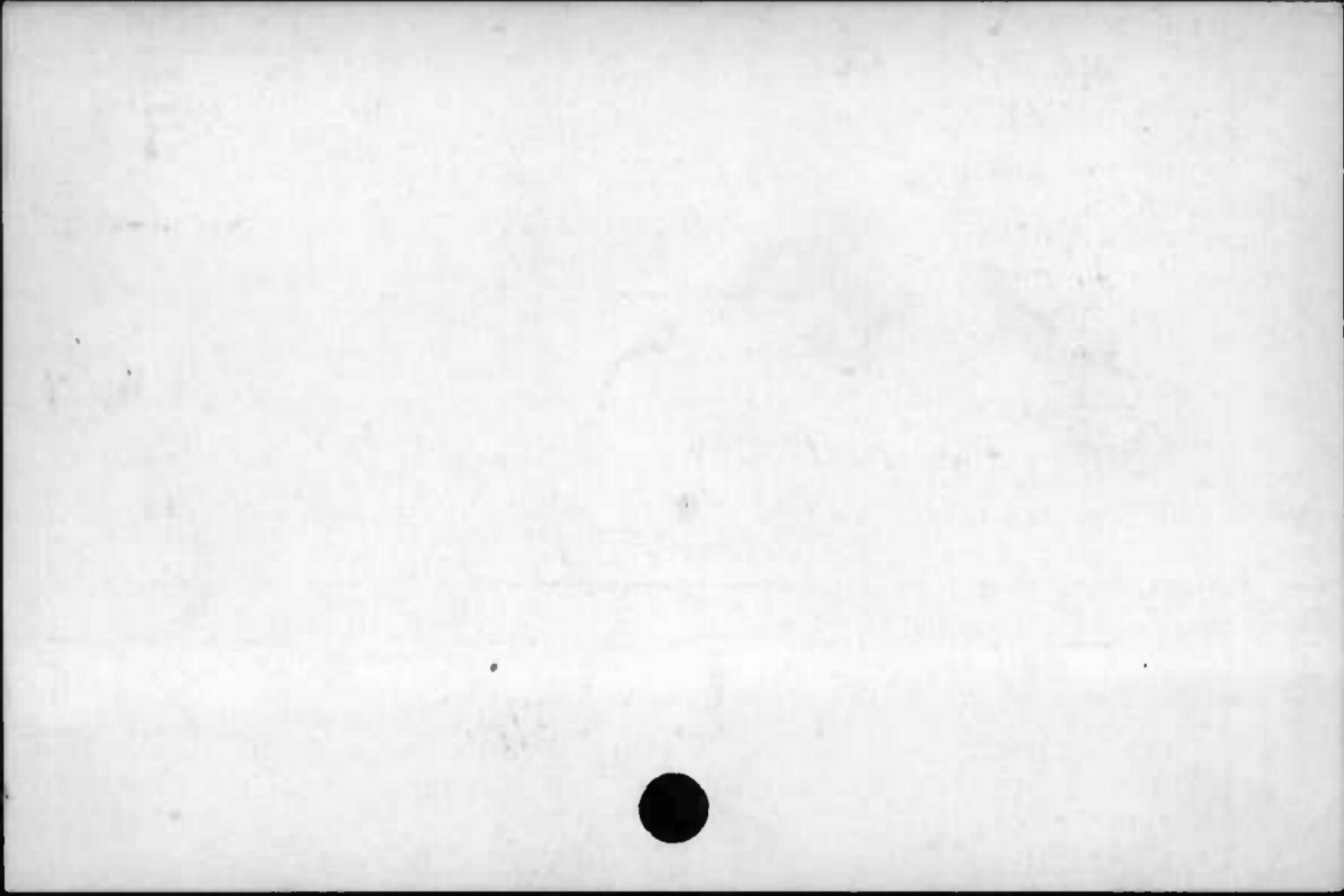
To BE ANSWERED BY
NEAREST FRIEND

Town Died at	East-Port-	County a a	MARYLAND		
Date of death	1906 Jan.	Day 25	Years 15-	Months 4	Days —
Sex	Female	Color or Race	White	Birth- place	East-Port-Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John. H. Christensen			Father's Birthplace	Denmark
Mother's Maiden Name	Annie Johnson			Mother's Birthplace	Denmark
Name of person giving information	Chris. Christensen			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La Grippe	(D)	How long	6 days
Immediate	Meningitis		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Wm. S. Welch	
		Address	Annapolis Md	
Accident or Suicide?				



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Unnamed, Town _____, Colbert (W.W.) County _____

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	A. A.	County		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	One hour	
Occupation	Female		Where Residing if not at place of death	Ind	
Married, Single or Widowed	Singly	Name of Wife or Husband	—		
Father's Name	John Colbert		Father's Birthplace	Alvinston, Md	
Mother's Maiden Name	Eliza Murray		Mother's Birthplace	A.A.C.	
Name of person giving information	John Colbert		How related to deceased	Father	

CAUSES OF DEATH

Primary

Convulsions



How long

One half hour

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

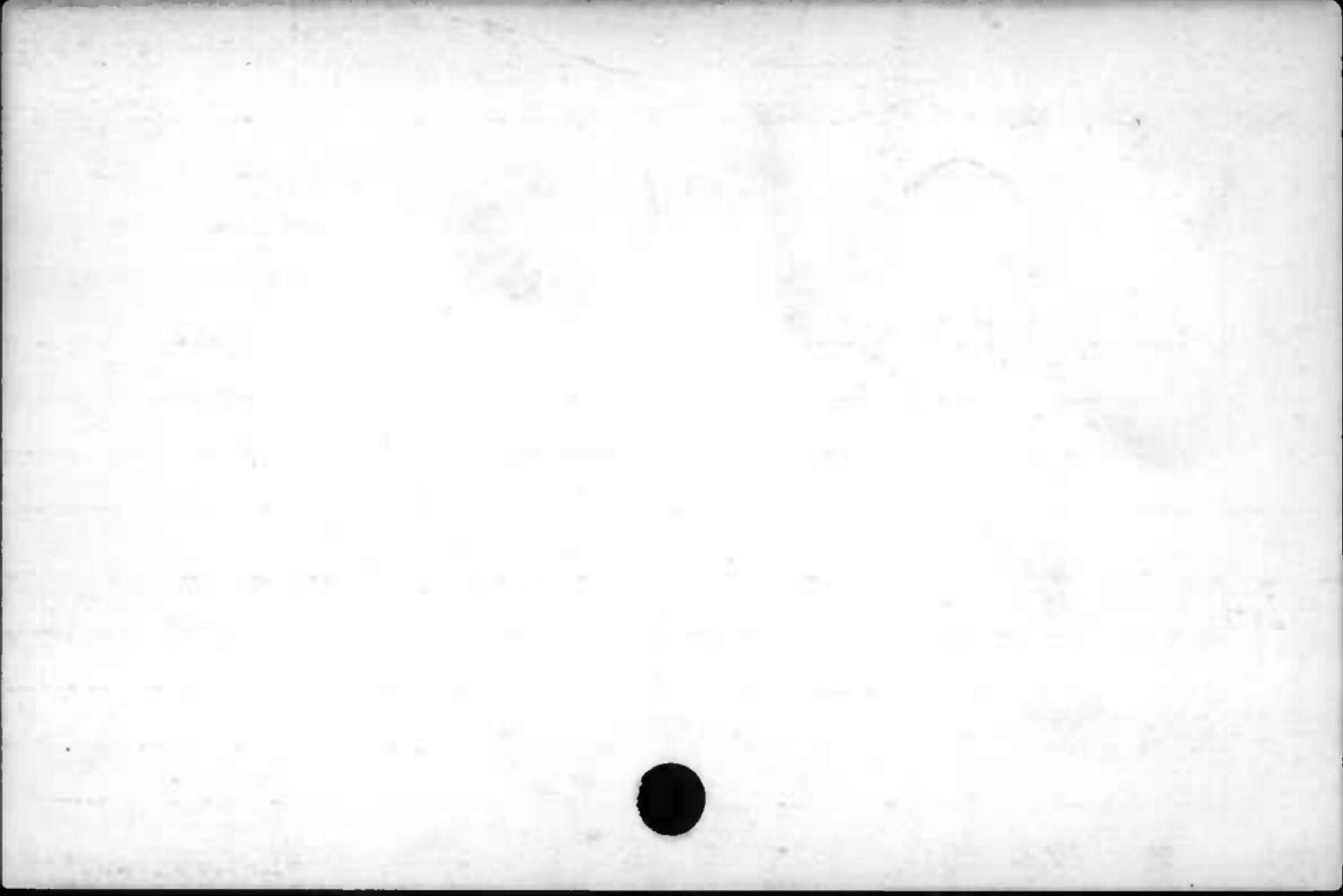
Geo T Drub

Address

Chesapeake

Accident or Suicide?





Rachael Maria Cole

Town Hanover County Anne Arundel MARYLAND
 Died at Hanover Month Jan Day 22 Y. 85 M. 8 D. 5 Native of Maryland Occupation Housewife
 Date 1906 Sex Female Age 85 Marital Status Married Widow Widow Divorced Divorced
Male White Colored Single Single Widower Widower Number of children living Three

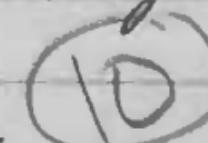
He is of 70 years of age.

Wife Thos. W Cole

Father's Name Stephen Lee

Mother's Maiden Name Elizabeth Plummer

Cause of Death Primary Influenza



How long sick 9 days

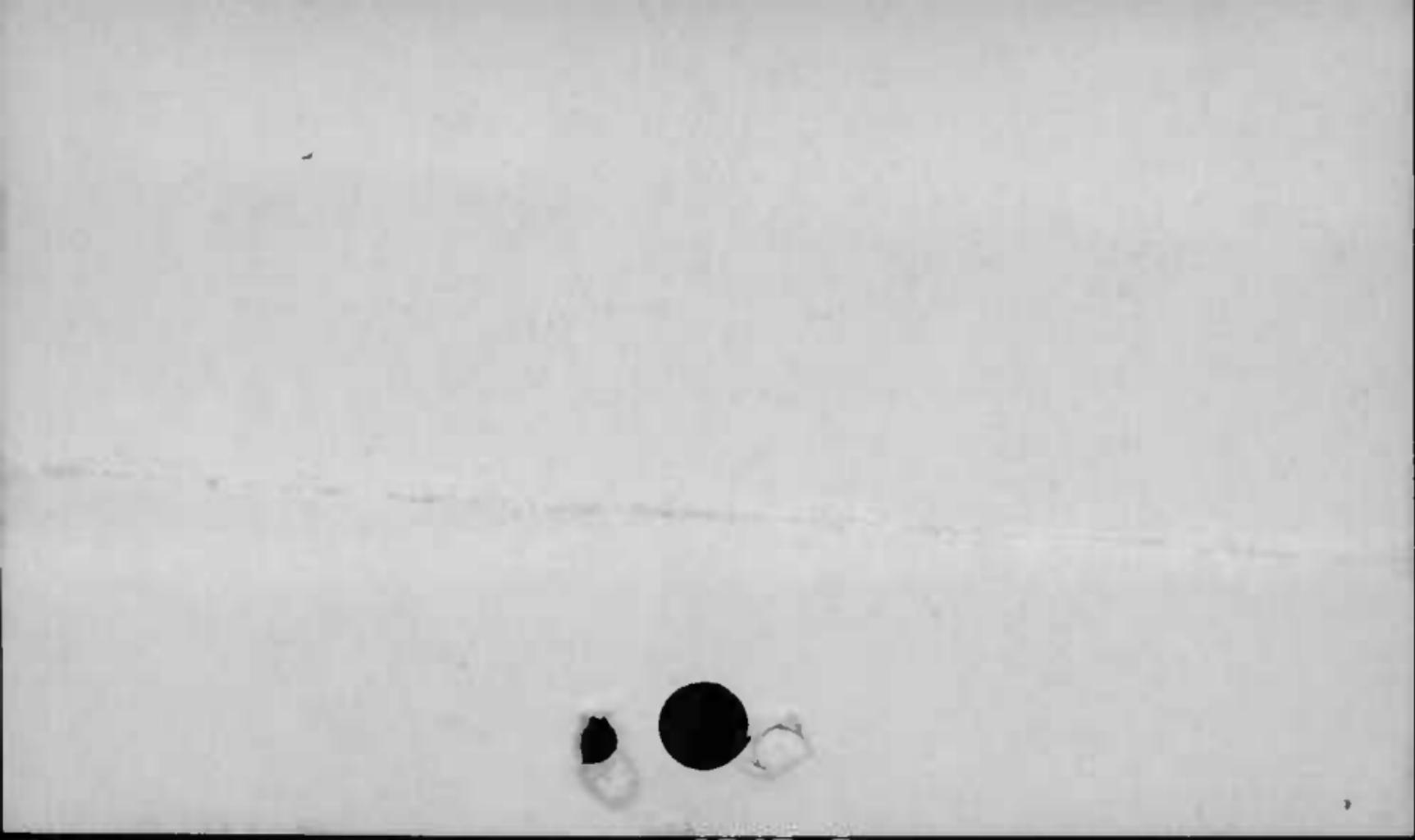
Death Immediate Heart failure

Accident, Suicide, Homicide

Reported by Thos. P. Benson MD.

Address Hanover MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William Curry

CERTIFICATE OF DEATH

Town Died at	Anne Arundel		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	58	10	
Occupation	Sailor		Where Residing if not at place of death	Belfast Ireland		
Married, Single or Widowed	Married	Name of Wife or Husband	Coniley Garrison			
Father's Name	James Curry.		Father's Birthplace	Ireland		
Mother's Maiden Name	Elizabeth Noble		Mother's Birthplace	a. a.		
Name of person giving Information	Coniley. Curry		How related to deceased	Wife.		

CAUSES OF DEATH

Primary	Malignant disease of liver	How long	Don't know
Immediate	Exhaustion	How long	Two days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Geo. Wells.
		Address	Aymaropolis - Maryland.
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

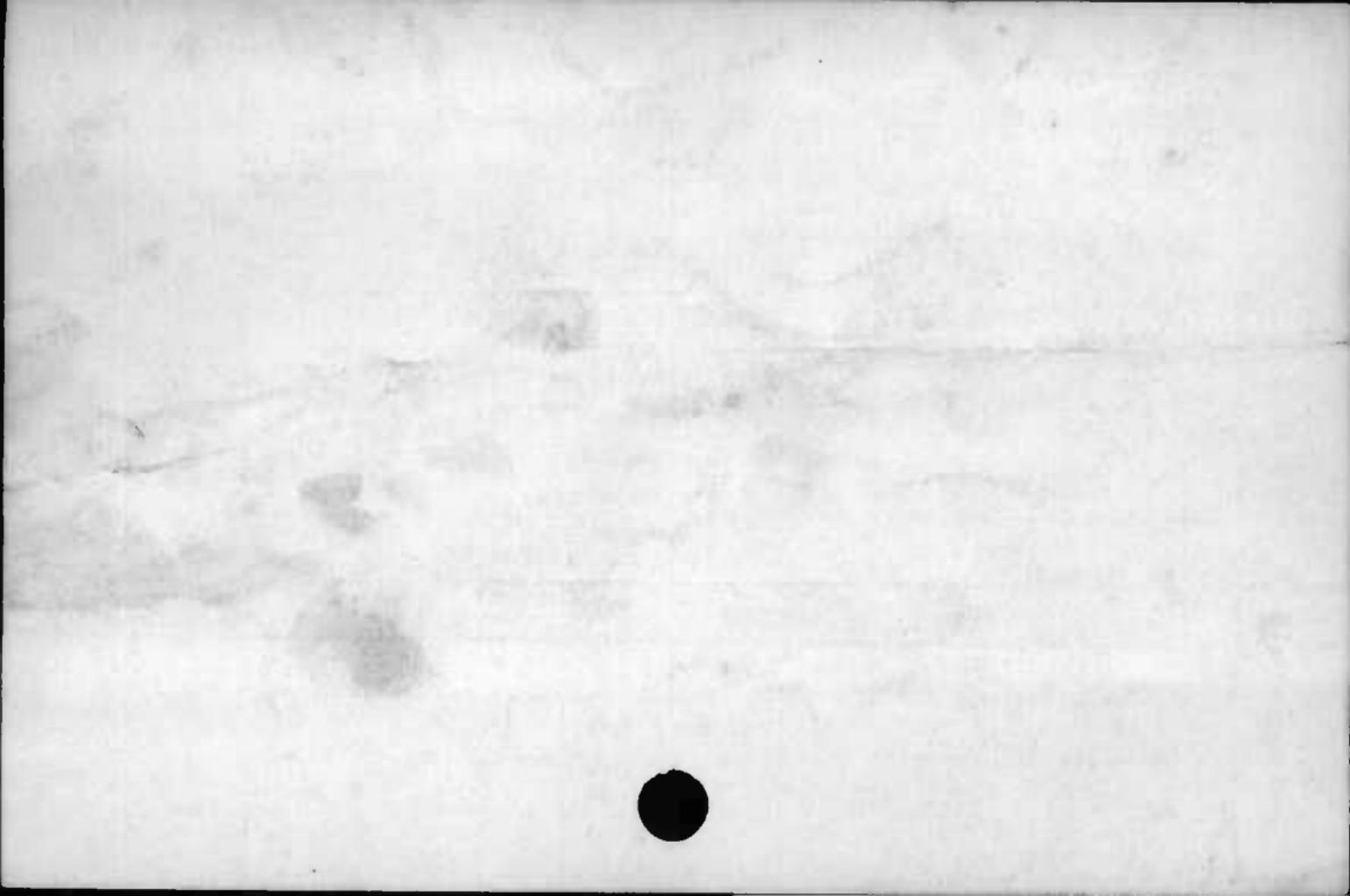
PHYSICIAN
OR CORONER

Dorsey

CERTIFICATE OF DEATH

Died at		Town	County			
Date of death	1906	Month Jan	Day 26	Years	Months	Days
Sex	Female	Color or Race	Age 31			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Henry Dorsey S					
Mother's Maiden Name	Susanna Richardson					
Name of person giving information	Mother					
CAUSES OF DEATH						
Primary	Still-born					
Immediate						
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		How long	
yes			John R. Scott M.D.		How long	
			Address			

Accident or Suicide?



Name
in
Full

W H Dorsay

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at Camp Canoe 1st June 1906	Maryland		
Date of death 1906	Month June	Day 28	Years 85
Age 85	Months	Days	
Sex Male	Color or Race Col.	Birth-place Calvert Co.	
Occupation Retired	Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife or Husband Elizabeth Jones		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information Jas W Dorsay	How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senility
Exhaustion

(154)

How long

Months

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

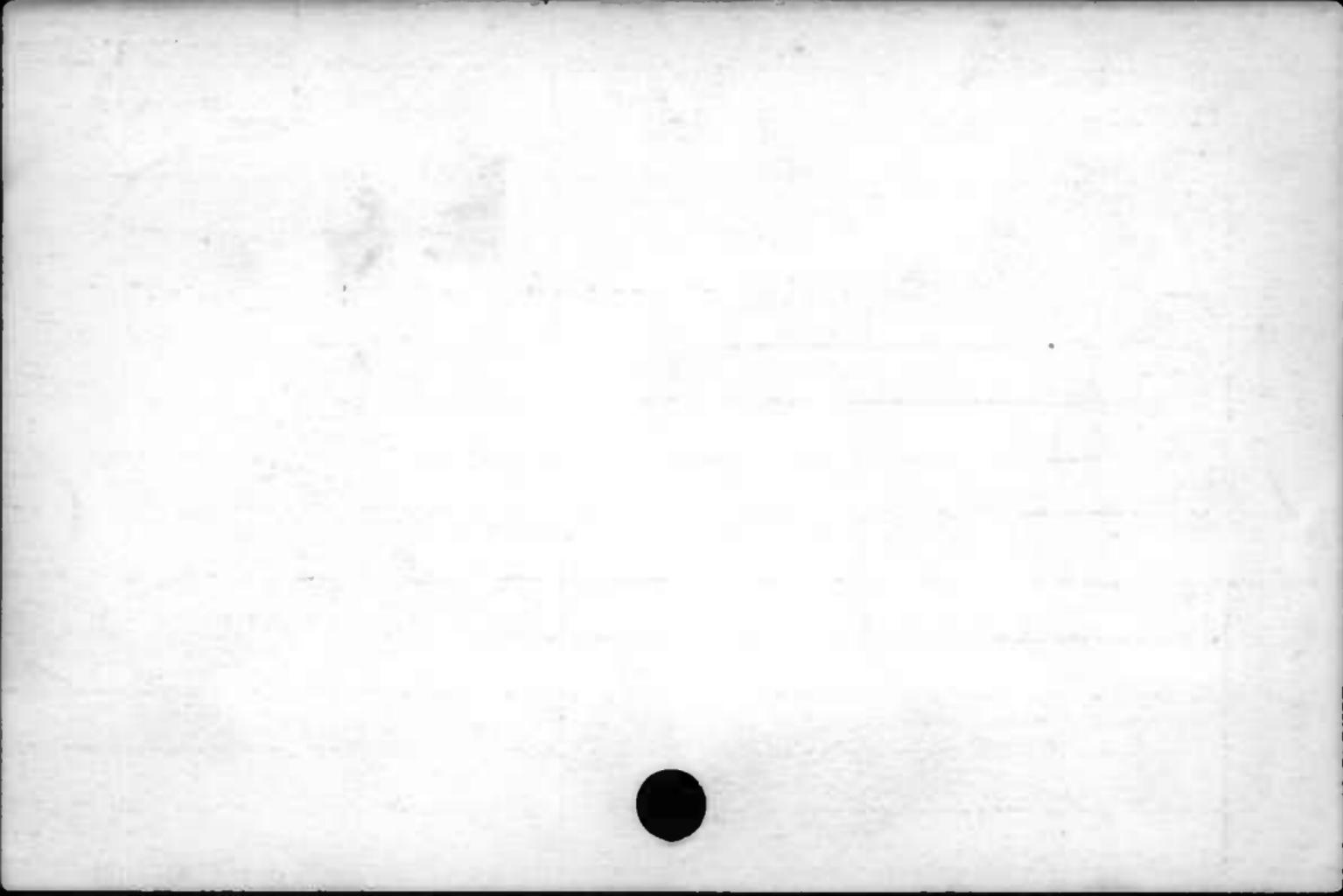
Signature of Physician

Yes

Address

John Ridout, M.D.
Annapolis,
Md.

Accident or Suicide?



Name
in
Full

Laura Melissa Dunlap

CERTIFICATE OF DEATH

TO BE ANSWERED BY

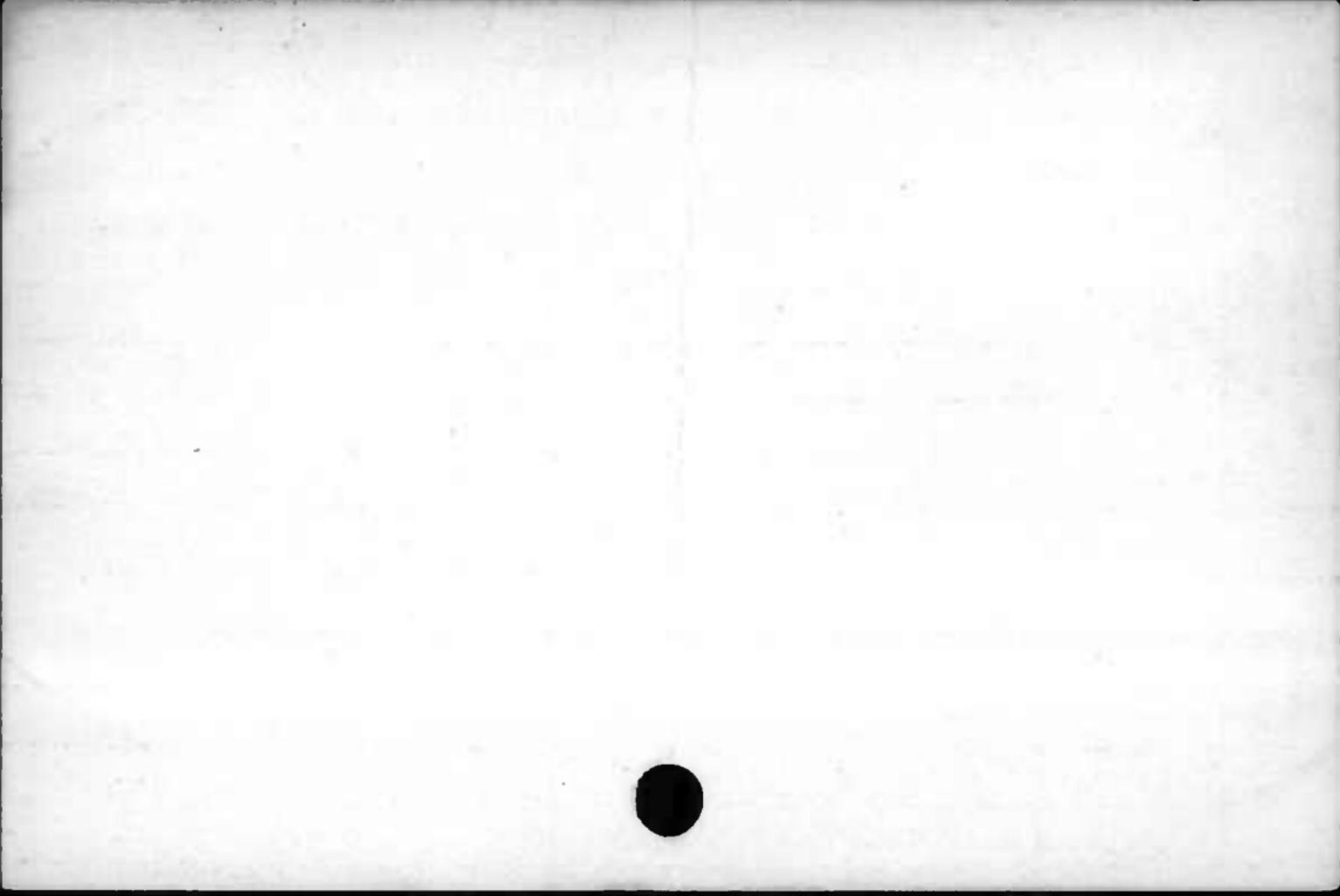
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	Jan.	10	Age 26	8	1
Sex	Female	Color or Race	White	Birth-place	Anne Arundel Co.
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Samuel T. Dunlap-		
Father's Name	John F. Ellison		Father's Birthplace	Anne Arundel Co.	
Mother's Maiden Name	Sarah E. Stinchcomb		Mother's Birthplace	Anne Arundel Co.	
Name of person giving information	Samuel T. Dunlap		How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Confinement	(138)	How long	9 months
Immediate	Eclampsia		How long	12 hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	James S. Billingslea M.D.	
		Address	Apniger P.O., A.A. Co.	
Accident or Suicide?			Maryland.	



Name
in
Full

Richard F. Duvalle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1906	Month Jan.	Day 9	Years 59
Sex Male	Color or Race White	Birth-place A.A. Leo-Md	Months
Married, Single or Widowed Married	Occupation Farmer	Days	
Name of Wife or Husband Florence E. Starling			
Father's Name Richard Duvalle	Father's Birthplace P.G. Co.		
Mother's Maiden Name Isabella Cruse	Mother's Birthplace P.G. Co.		
Name of person giving information Miss Estelle Whiting	How related to deceased None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Died suddenly not previously ill

How long

Immediate

Probably heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A. J. B. Gault.

Address

Milwaukee Wis

Did not die deceased before death

Accident or Suicide?



Name
in
Full

Harry Bernard Ford.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND	
Died at Nutree	Anne Arundel			
Date of death 1906 Jan.	Month	Day	Years	Months Days
Sex Male	Color or Race White		Birth-place A.A. Co Md.	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed Single	Name of Wife or Husband			
Father's Name Harry Ford	Father's Birthplace A.A. Co Md.			
Mother's Maiden Name Lola Phipps	Mother's Birthplace A.A. Co Md.			
Name of person giving information Harry Ford.	How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

10 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

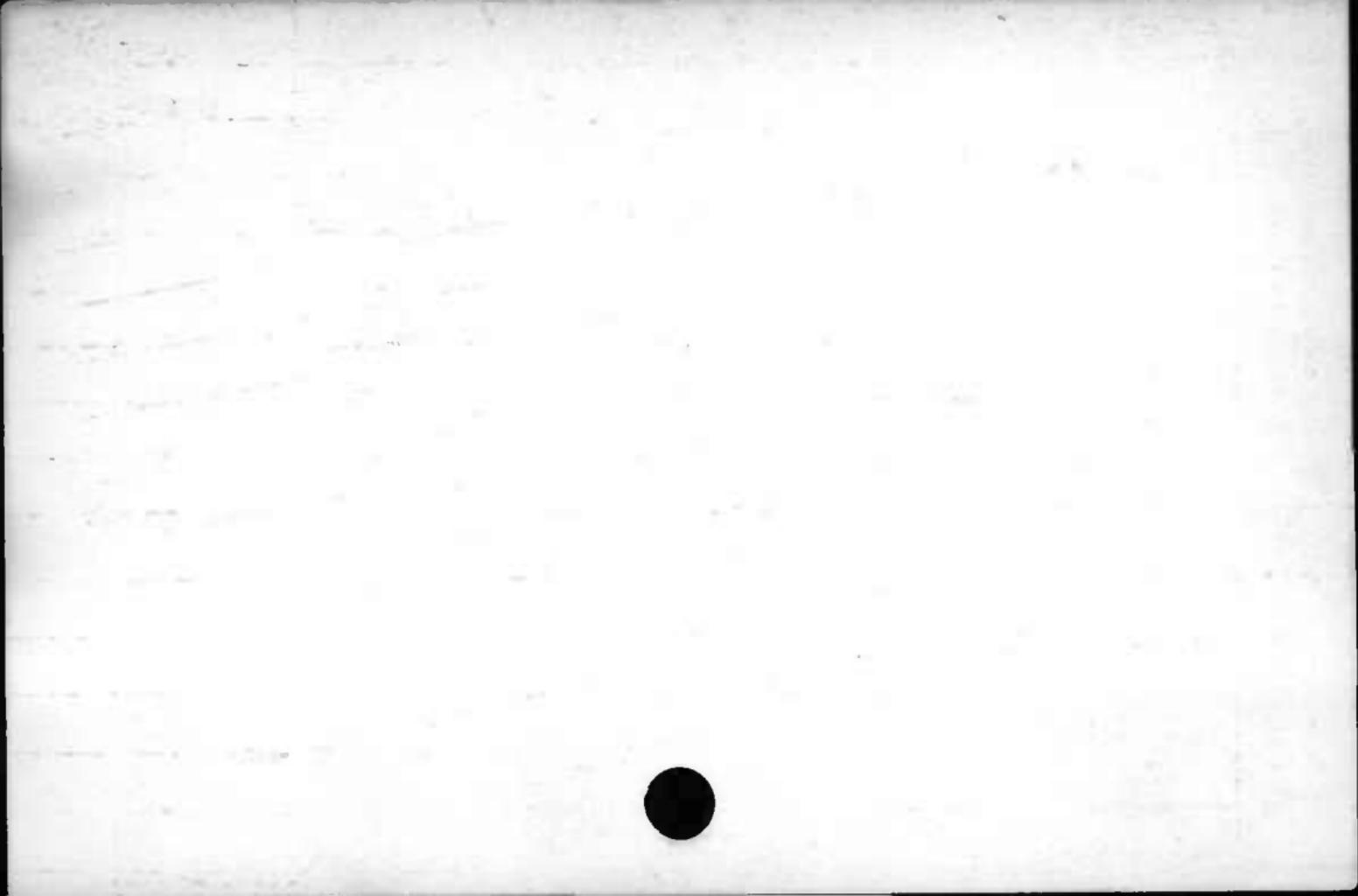
Signature of Physician

A. H. Perrie

Address

McKendre, Md.

Accident or Suicide?



Name
in
Full

Thos Jefferson Froster

CERTIFICATE OF DEATH

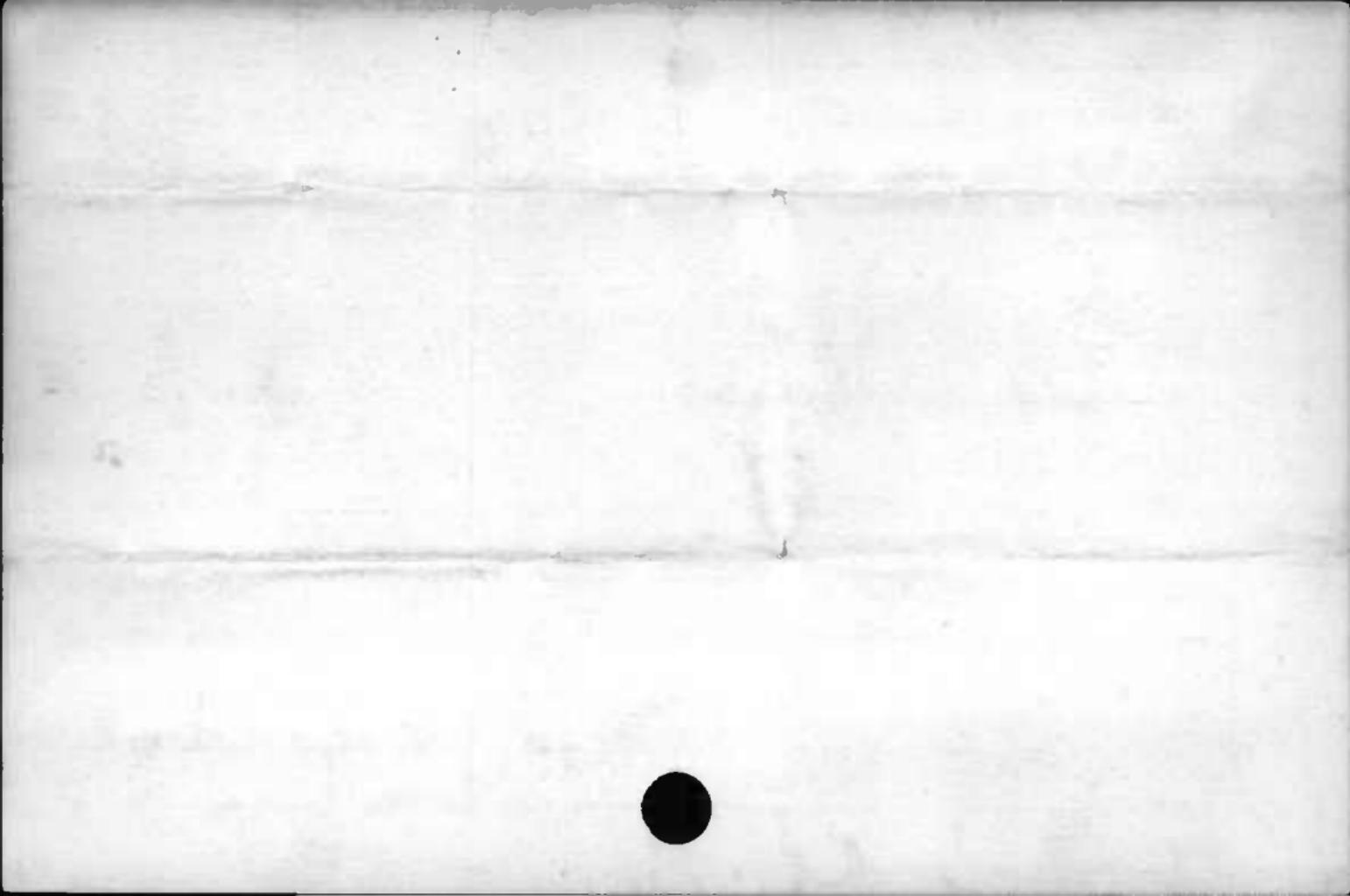
To BE ANSWERED BY
NEAREST FRIEND

Died at	Edenton	own	County	MARYLAND		
Date of death	1906 Jan	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Age	73	8 5
Occupation	Trucker					
Married, Single or Widowed		Where Residing if not at place of death				
Father's Name	James Wilson					
Mother's Maiden Name	Anna					
Name of person giving Information	Charles Froster					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	(1)	How long	4 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Thomas H. Brayton	
		Address	Eden Burn Maryland	
Accident or Suicide?			No	



Name
in
Full

Nannie Maryland Harris

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	Age	County	MARYLAND
Galloways	DD	1	Aces	
Date of death	Mont	Day	Years	Months Days
1906 Jan	13			4 10
Sex	Color or Race	Birth-place		
Female	Colored	Aces		
Occupation	Where Residing If not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Nah Harris			
Mother's Maiden Name	Virginia			
Name of person giving Information	Nat Harris			
How related to deceased				

CAUSES OF DEATH

Primary

not known

How long

2 wks

Immediate

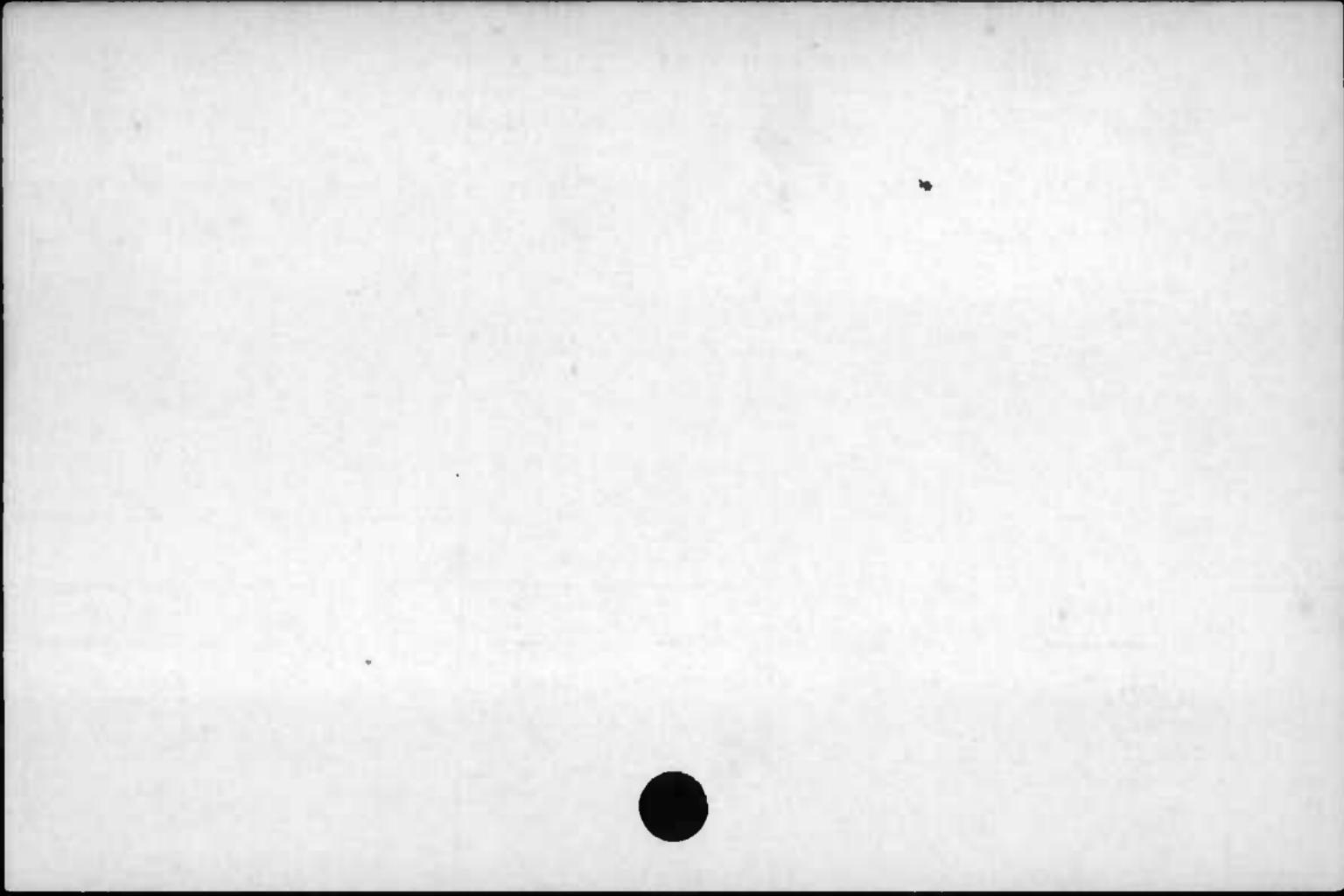
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Masham Caund MD
West River MD

Accident or Suicide?



Name
in
Full

Amelia Owen Dylehart

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Annapolis

County

MARYLAND

Date
of death 1906

Town

Month

Day

Year

Months

Days

Sex Female

Color or
Race

White

Birth-
place

A. S. County

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of
Husband

Anne Arundel
Harwood Dylehart

Father's
Name

Joseph Kent

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

Eugene W. Dylehart

How related
to deceased

sor

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Grip

(10)

How long

Two days

Immediate

Bronchitis - Pneumonia

How long

Are the name, age, sex, color, date
and place correctly given above?

yes -

Signature of
Physician

Address

M. C. Evans & Son,
9 St. John St.,
Annapolis, Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Charles Jones					CERTIFICATE OF DEATH			
Died at		Town	County		MARYLAND			
Date of death	1996	Month Jan.	Day 31	Age 25	Years	Months 1	Days 21	
Sex	Male	Color or Race	Colored		Birth-place Baltimore Md			
Occupation	Painter		Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband					
Father's Name	John Jones				Father's Birthplace Providence, R.I.			
Mother's Maiden Name	Alice Holmes				Mother's Birthplace Baltimore Md			
Name of person giving information	Hannie Adams				How related to deceased Sister			

CAUSES OF DEATH

Primary

Pneumonia

93

How long

Jan. 21 to 31 / 06

Immediate

Pneumonia

How long

as

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

F. H. Thompson M.D.

Address

193 Church St.

Annapolis, Md.

Accident or Suicide?



Name
in
Full

Frederick Kircher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND		
Harmans	a a Co					
Date of death	Month	Day	Years	Months	Days	
1906	Jan	16	94		4	
Sex	Color or Race	Birth-place				
Male	White	Germany				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Husband	Esmeline Hanniball				
Father's Name	Godfrey Kircher					Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information	John H. Shifley					How related to deceased
Son-in-law						

CAUSES OF DEATH

Primary

Old age & General Debility,

How long

Six months

Immediate

Exhaustion

154

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

C R Winters M.D.

Accident or Suicide?

Address

Hanover Md

Jos B Cook
Funeral Director

Name
in
Full

Mary A. Lockett

CERTIFICATE OF DEATH

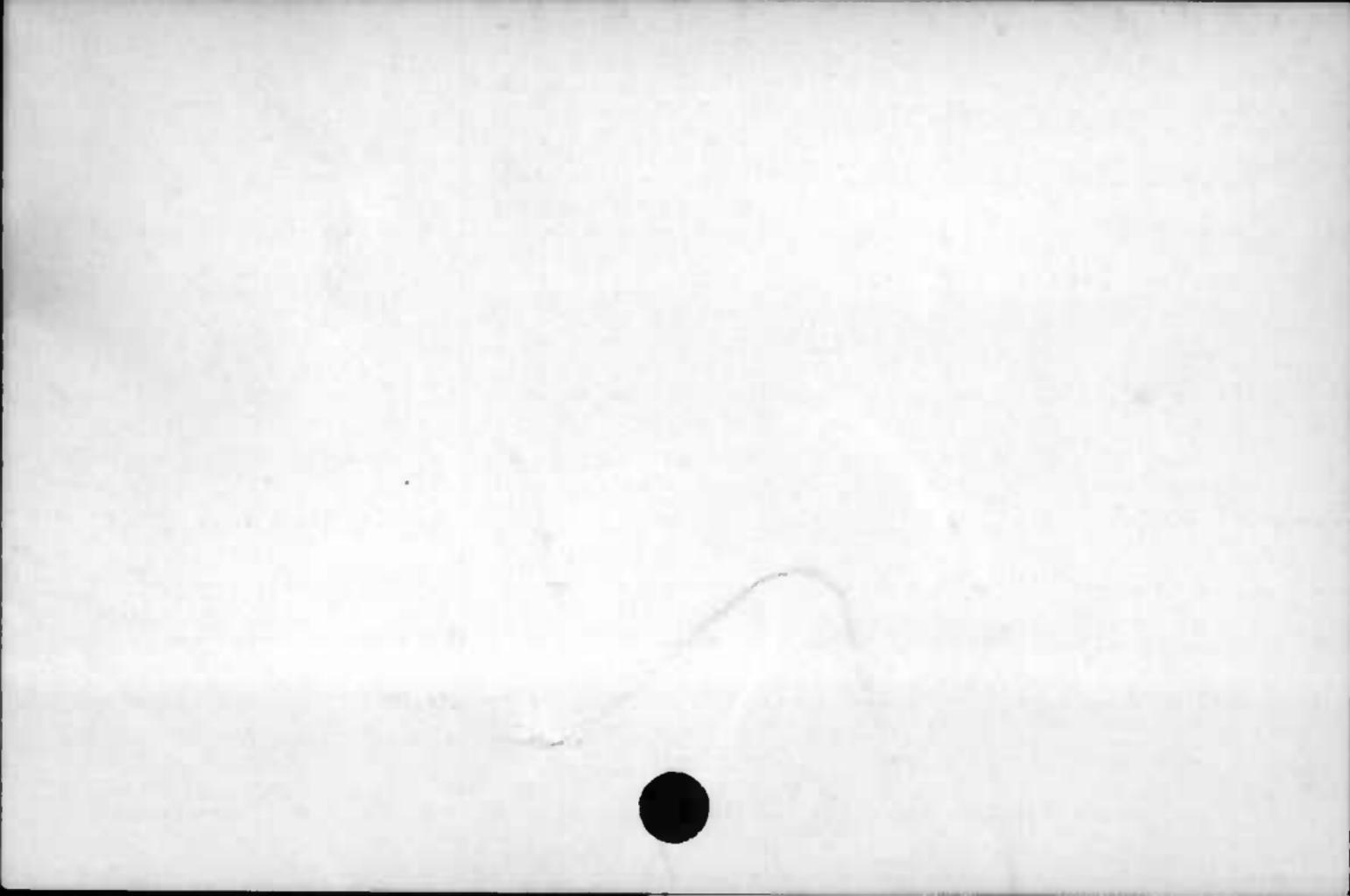
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
1906 Jan	26	Age	40	11	-		
Sex	Female	Color or Race	White	Birth-place	Annapolis		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Married	Name of Wife or Husband	Thaddeus Lockett				
Father's Name	Alfred Britton					Father's Birthplace	New Jersey
Mother's Maiden Name	Mary O'Kelly					Mother's Birthplace	"
Name of person giving information	Rosa Lockett					How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La Grippe	21	How long	8 days
Immediate	Acute Phthisis		How long	" "
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Wm. J. Welch	
		Address	Annapolis	
Accident or Suicide?	no			



Mrs. Minnie Mc. Gloskey.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Frank P. Mc. Gloskey		
Father's Name	Samuel Wolfgang			
Mother's Maiden Name	Mary Spenser			
Name of person giving Information	Emma Wolfgang			
CAUSES OF DEATH				

Primary

Pulmonary Plethora

How long

1½ years

21

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

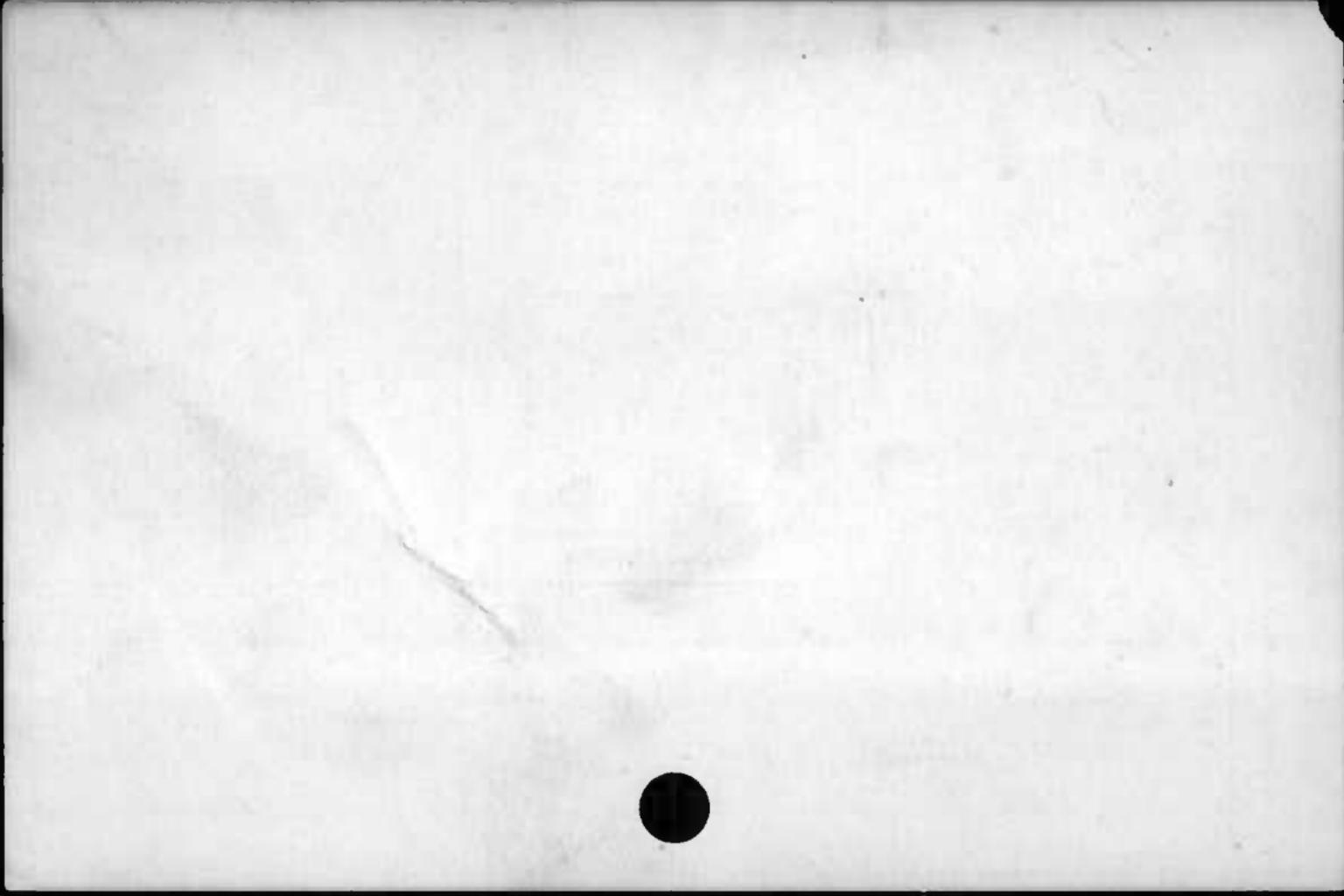
Signature of Physician

Address

John Purushas
✓ Annapolis MdPHYSICIAN
OR CORONER

Accident or Suicide?

No.



Name
in
Full

Eliza Chase Matthews

CERTIFICATE OF DEATH

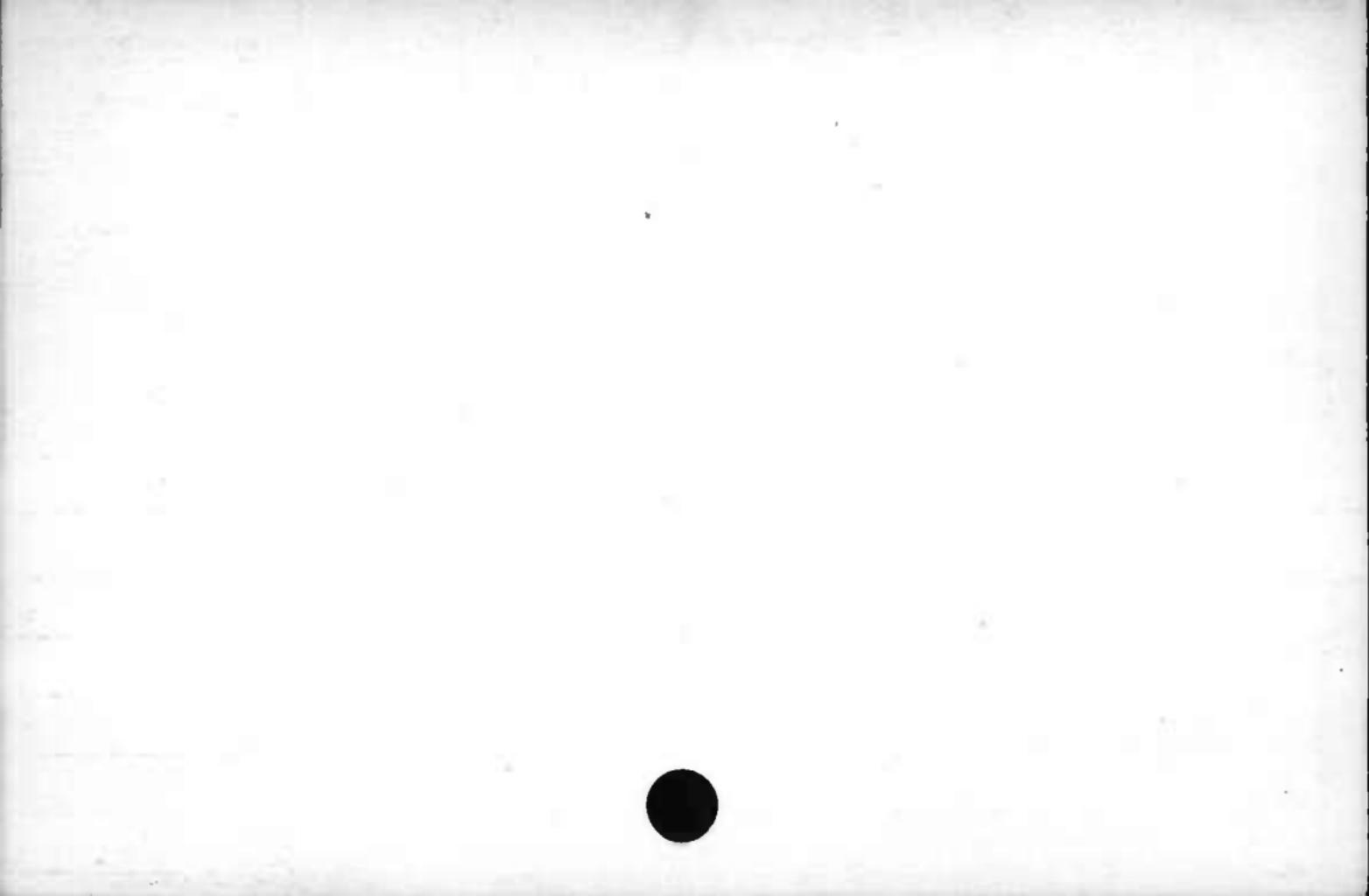
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1906 Jan	9	Age	31
Sex	Color or Race	Birth-place	
Female	Colored	Anne Arundel Col'd	
Occupation	Where Residing if not at place of death		
House Keeper	Charles Matthews		
Married, Single or Widowed	Name of wife or Husband	Father's Birthplace	Anne Arundel Col'd
	John Chase		
Mother's Maiden Name	Mary Johnson	Mother's Birthplace	Anne Arundel Col'd
Name of person giving information	Charles Matthews	How related to deceased	Husband

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Phthisis	(21)	How long	One year
Immediate	Ethiaceous		How long	One week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C. R. Wm. L. Johnson	
Yes		Address	Eckridge Md	
Accident or Suicide?				



Name
in
Full

Thomas J. Parks

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
of death 1906	January	1st	Age 82	—	—
Sex Male	Color or Race	White	Birth-place	Md.	
Occupation Formerly Oysterman	Where Residing if not at place of death —				
Married, Single or Widowed Married	Name of Wife or Husband	Kitty Parks			
Father's Name Thomas Parks	Father's Birthplace Md.				
Mother's Maiden Name Susan Beattie	Mother's Birthplace Md.				
Name of person giving information George Sherburn	How related to deceased Step Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bronchitis - Pneumonia (92) How long 1 week

Immediate

Are the name, age, sex, color, date and place correctly given above?

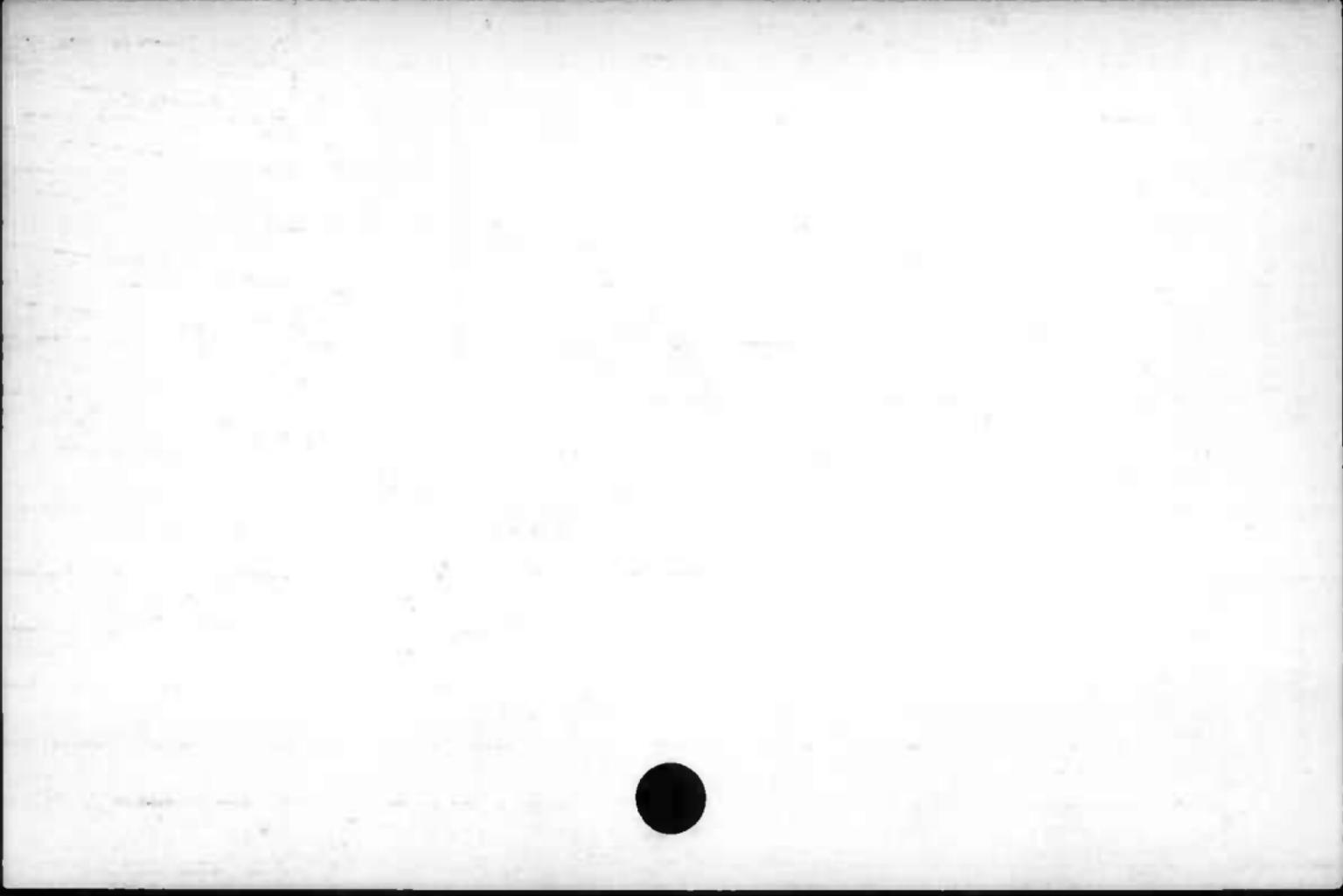
Signature of Physician

V.H. Perrie

Address

McKendree

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

James Peters

CERTIFICATE OF DEATH					
Died at			County		
Date of death	Month	Day	Years	Months	Days
Died at	Annapolis		A a		
Date of death	1906	Jan.	21	Age	50
Sex	Male	Color or Race	Colored	Birth-place	A A Co.
Occupation	Labourer	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Robert Peters	Father's Birthplace			
Mother's Maiden Name	Harriett A Peters	Mother's Birthplace			
Name of person giving Information	John. Peters	How related to deceased			

PHYSICIAN
OR CORONER

Primary

CAUSES OF DEATH

Accident (60)

How long

Thirty six hrs

Immediate

Internal Injuries

How long

Are the name, age, sex, color, date and place correctly given above?

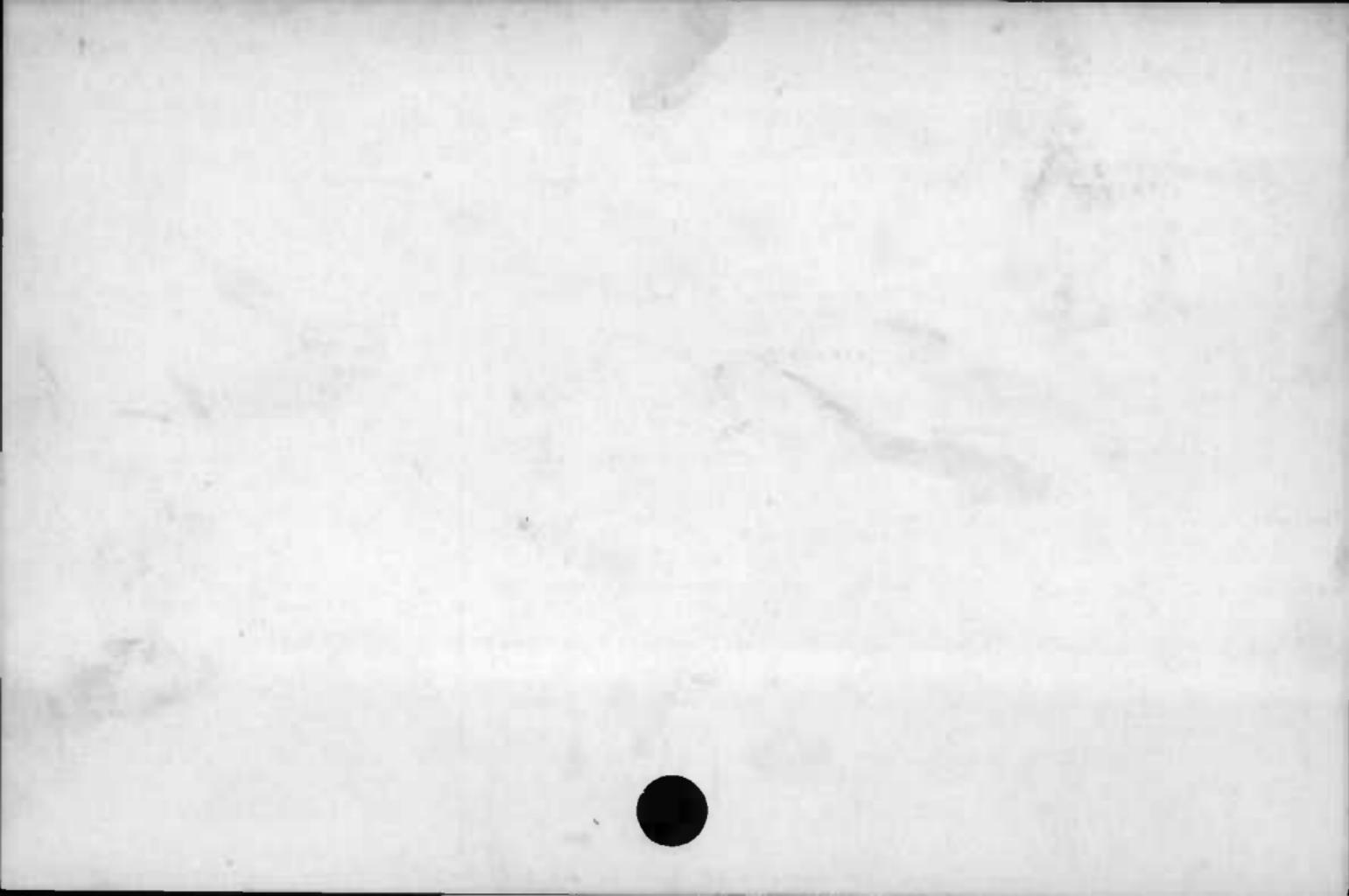
Signature of Physician

Address

yes

John Ridontell
Annapolis
Md -

Accident or Suicide?



Name

In
Full

Amanda Victoria Philips

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Richmond Va.
Occupation	House Wife		Where Residing if not at place of death	Burtis Day	
Married, Single or Widowed	Married	Name of Wife or Husband	James Philips	Father's Birthplace	Va.
Father's Name	Griffin		(4)	Mother's Birthplace	Va.
Mother's Maiden Name	—			How related to deceased	—
Name of person giving information	Husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Carcinoma Intestinalis

How long

—

Immediate

Intestinal Obstruction

How long

5 days.

Are the name, age, sex, color, date and place correctly given above?

—

Signature of Physician

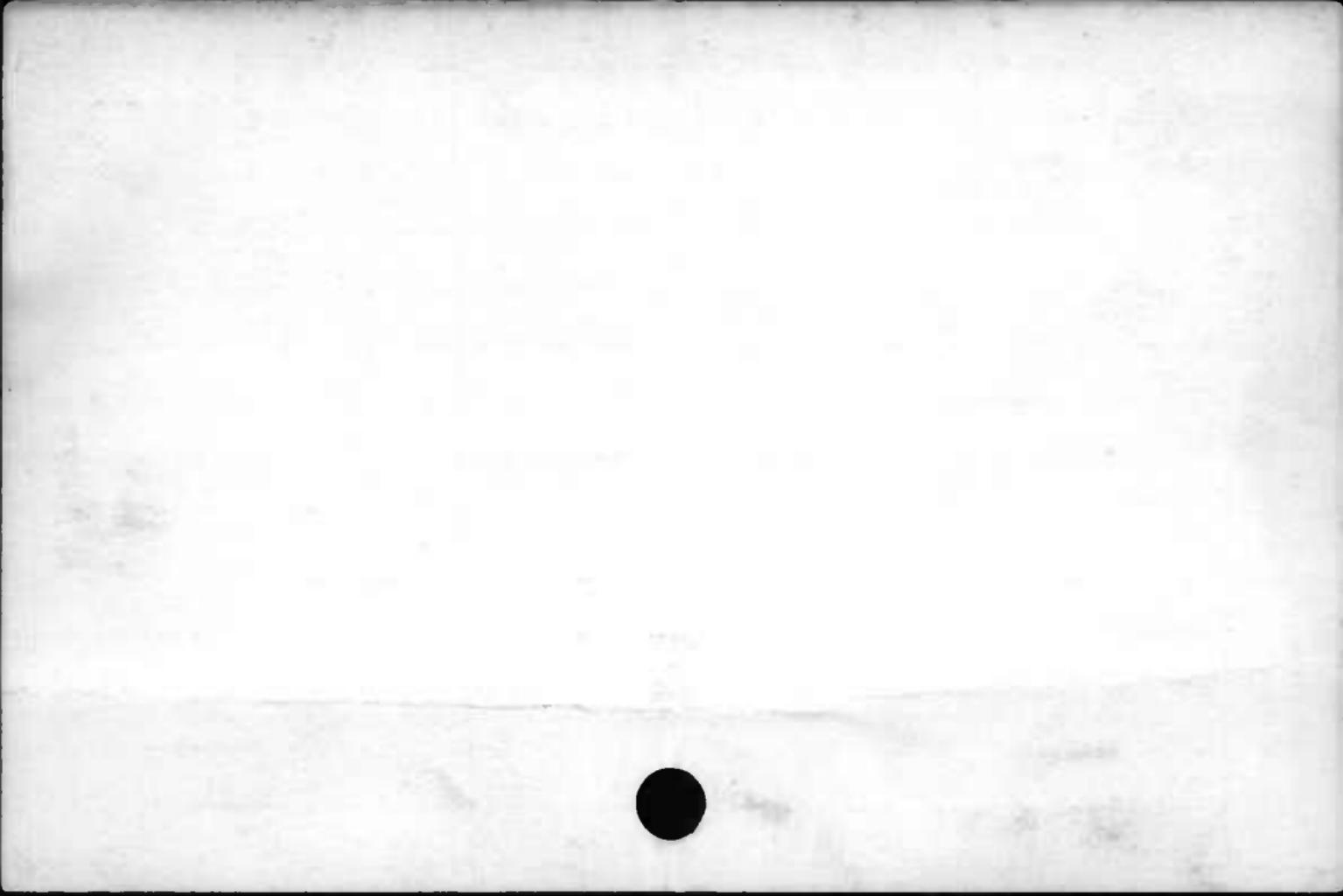
W. J. Scott M.D.

Address

Burtis Day a co
Maryland.

Accident or Suicide?

—



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Afric Queen				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death 190	Month	Day	Years	Months	Days		
Sex	Color or Race	Age 39		Birth place			
Occupation	Where Residing if not at place of death			Germopolis			
Married, Single or Widowed	Name of Wife or Husband	Promised Name			Father's Birthplace	Bush River	
Father's Name	William Wallace			Mother's Birthplace	4		"
Mother's Maiden Name	Baby Williams			How related to deceased			
Name of person giving Information	Promised Name						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Drowning

(158)

How long

—

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes -

Signature of
physician

Address

R. Clement Clarendon No.
3 St. John St
Annapolis. Md.

Prooofey suicide
Accident or Suicide?

Recorded Jan 26

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

		Town		County		CERTIFICATE OF DEATH	
Died at	Annapolis		Anne Arundel		MARYLAND		
Date of death	1906	Month Jan	Day 28	Age 78	Years	Months	Days
Sex	Male	Color or Race	Colored				
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Seayner E. Green						
Mother's Maiden Name	Emma Johnson						
Name of person giving information	Gather						
CAUSES OF DEATH							
Primary	Still-born						
Immediate							

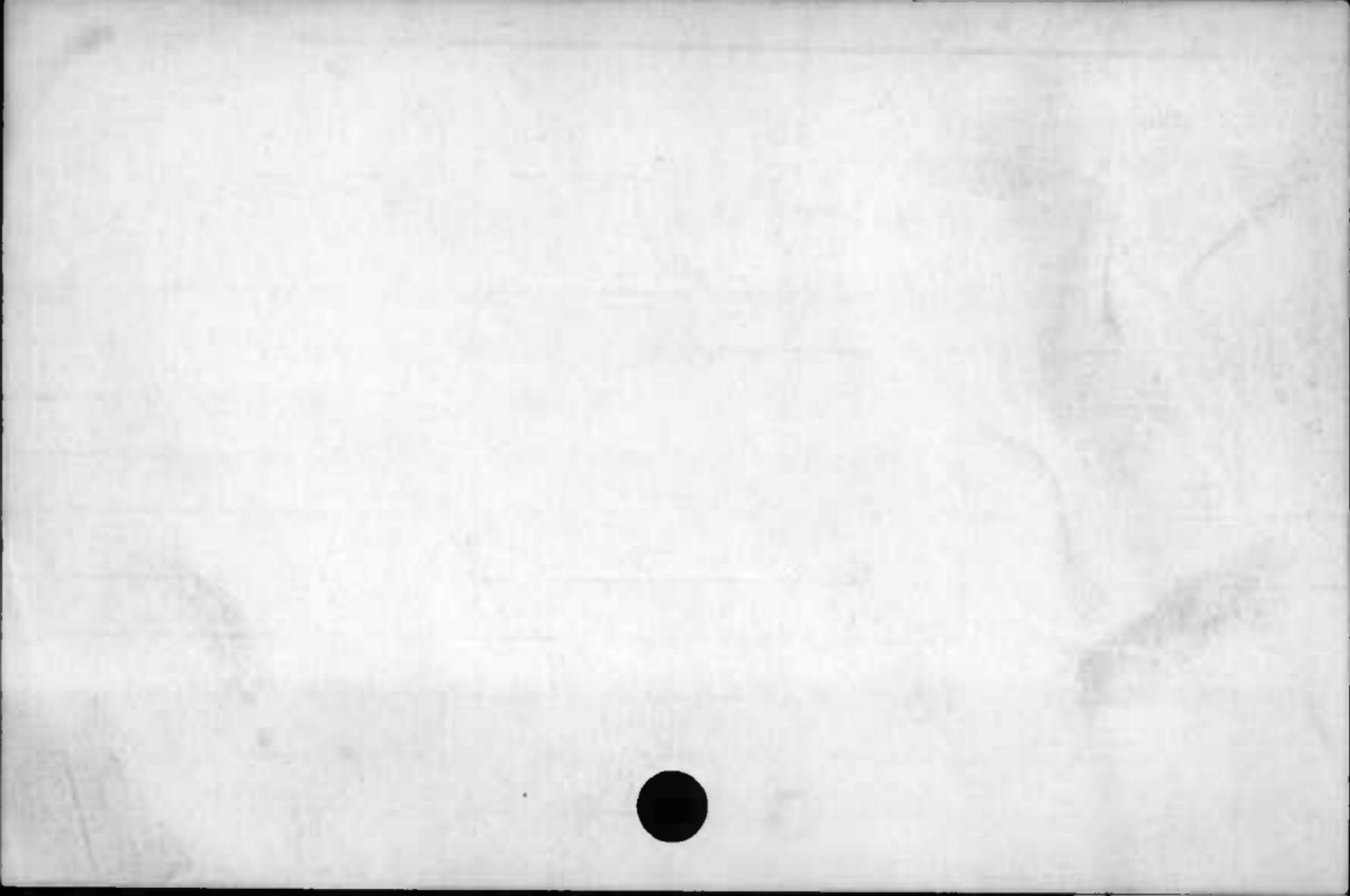
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



• Melvinia Queen
 Town Hogwartsville County Anne Arundel MARYLAND
 Died at 1906 Month Jan Day 2 Y. 80 M. D. Native of Maryland Occupation House Keeper
 Date 1906 Age 80 Married Widow Widower Divorced
 Female White Colored Black Single Number of children living One
 Husband of Charles Queen
 Wife
 Father's Name Unknown Mother's Name Unknown
 Cause of Death Heart Failure How long sick Several months
 Primary and Immediate Dropsy 
 Death Accident, Suicide, Homicide
 Reported by Jam H. Anderson, M.D.
 Address Hogwartsville, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Theodore Queen

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	At		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	27 Washington			
Father's Name	Clyfford Thompson Annapolis				
Mother's Maiden Name	Trisha Queen				
Name of person giving information	Rachel Queen Grandson				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tentilition

How long

Immediate

Meningitis

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

Address

John Ridout M.D.
Annapolis
Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

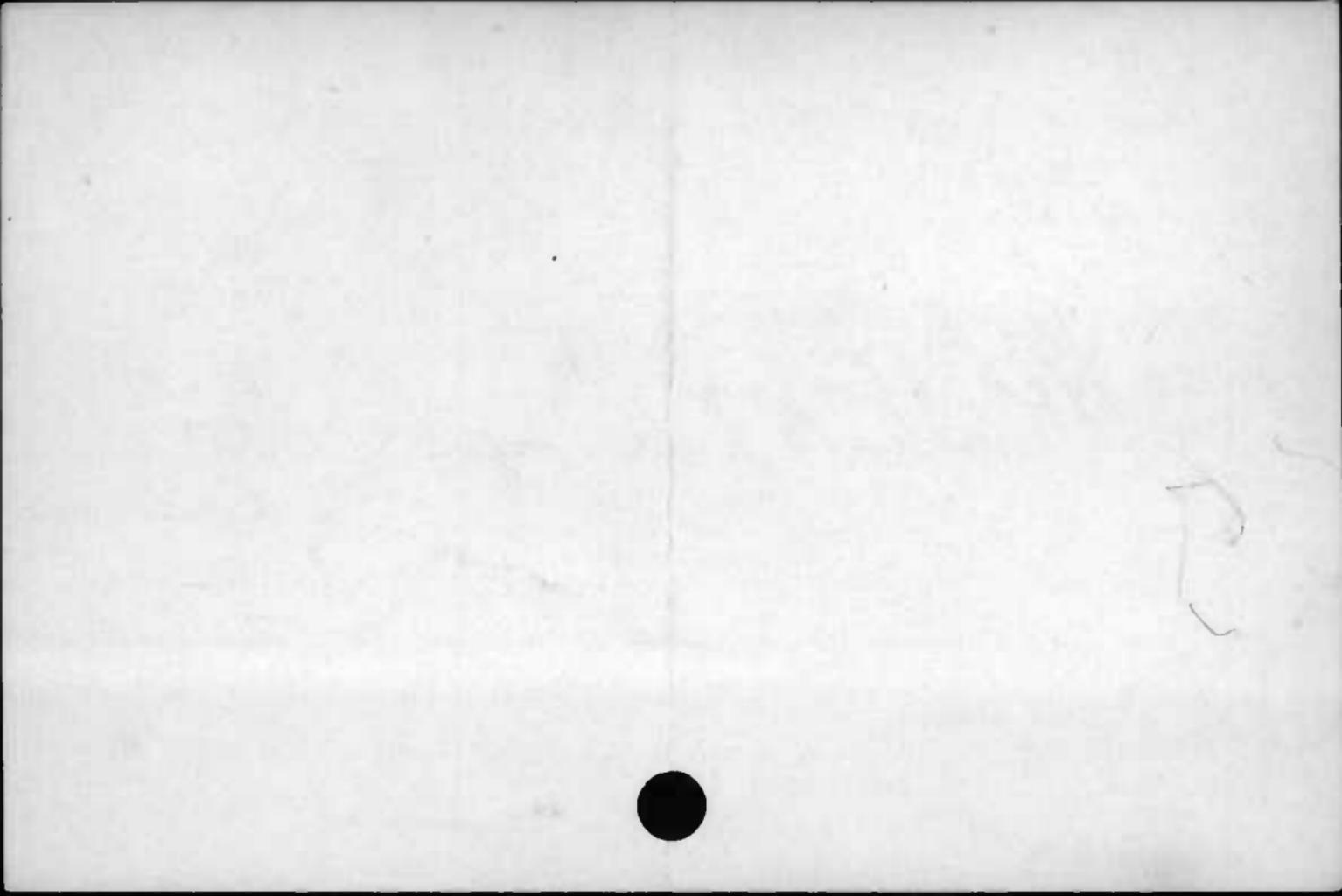
Joseph Sewall

CERTIFICATE OF DEATH

Died at Arrieger		Town	County Anne Arundel		MARYLAND	
Date of death 190	Month Jan 1	Day 1	Years 34	Age	Months	Days
Sex male	Color or Race white	Birth-place Baltimore md				
Occupation Laborer	Where Residing if not at place of death					
Married, Single or Widowed married	Name of Wife or Husband Joseph Sewall		Father's Name	Germany		
Mother's Maiden Name I don't know			Mother's Birthplace	Germany		
Name of person giving Information M. S. Daniel ap	How related to deceased no relation					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	How long
	Immediate accidental drowning	(172) half hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician M. S. Daniel ap
		Address Arrieger
Accident or Suicide?		✓ Md.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

George W. Shober

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Annapolis Anne Arundel Maryland

Male White 66

Worker Colunk Annapolis

Single Tom Shober

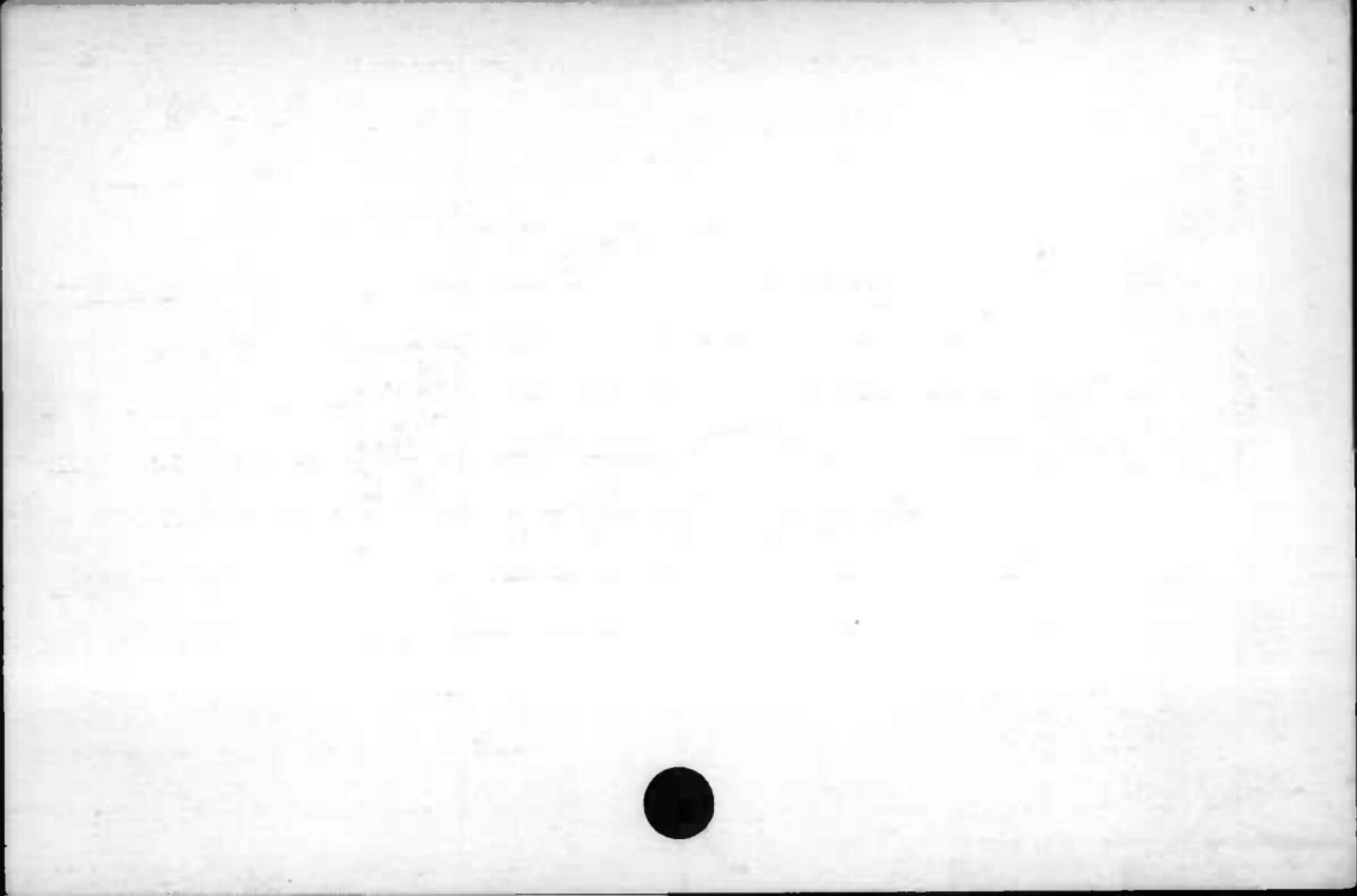
Lee Shober Maryland

Martha B Greenway War

Nellie Shober Sister

CAUSES OF DEATH

Primary	Chronic Nephritis	120	How long	1 year
Immediate	Droping & exhaustion	20	How long	2 mos.
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician	S. S Hepburn
			Address	Annapolis
Accident or Suicide?				Med.



Name
in
Full

Ford Sharp

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County				
Annapolis Anne Arundel		MARYLAND				
Date of death	Month	Day	Years	Months	Days	
1906	January	11	about 55			
Sex	Color or Race	Age	Birth- place			
Male	Colonial	about 55	Aaco.			
Occupation	Where Residing if not at place of death					
Laborer	Worstei.					
Married, Single or Widowed	Name of Wife or Husband	Name of Spouse				
Muslim	Maurice Sharp	Maurice Sharp				
Father's Name	John Sharp					Father's Birthplace
Mother's Maiden Name	Doris Evans					Mother's Birthplace
Name of person giving Information	Delosie Brown					How related to deceased
Friend						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aphlegy (6)

How long

7m days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

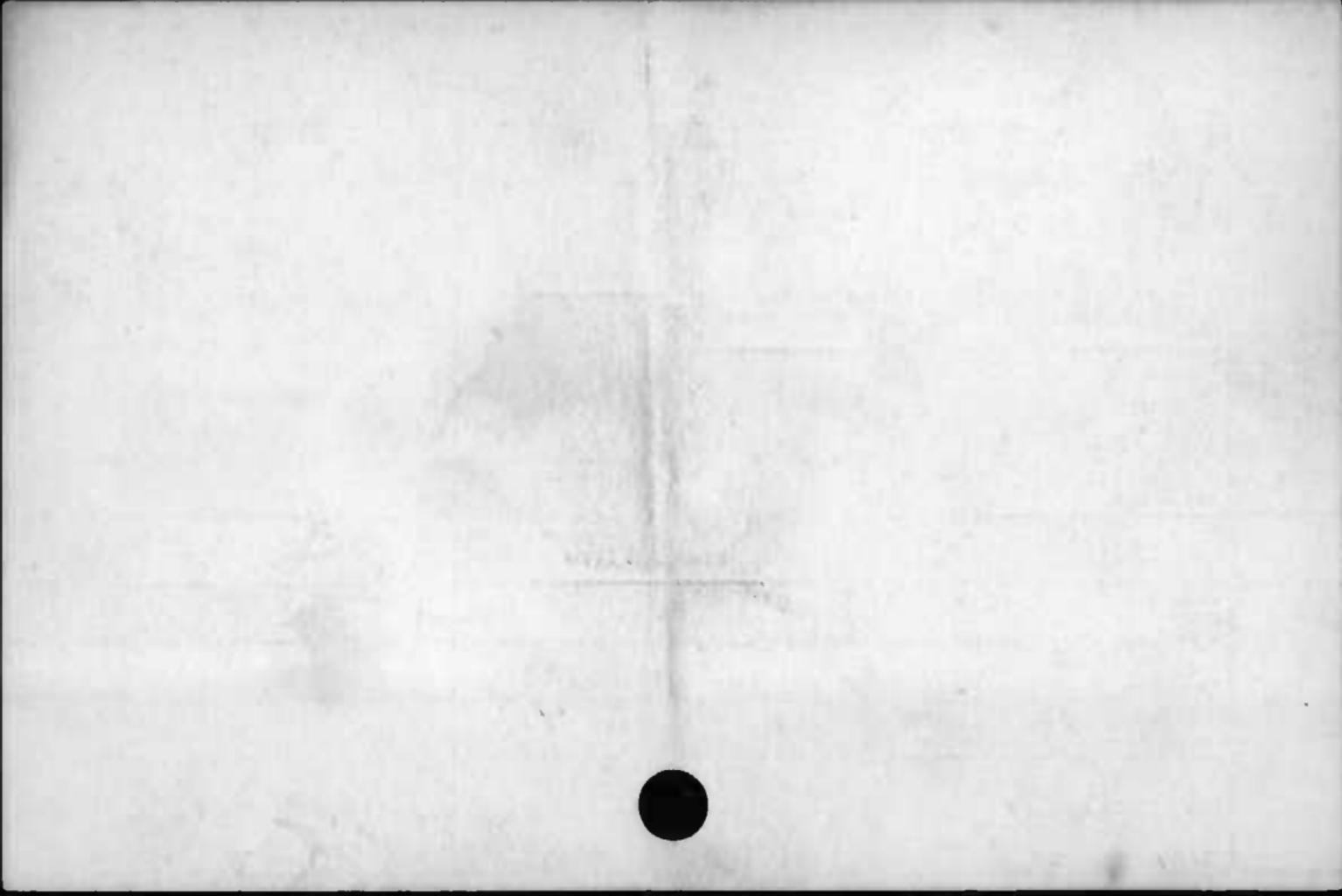
Signature of
Physician

Address

yes

John Ridout
Annapolis
Md

Accident or Suicide?

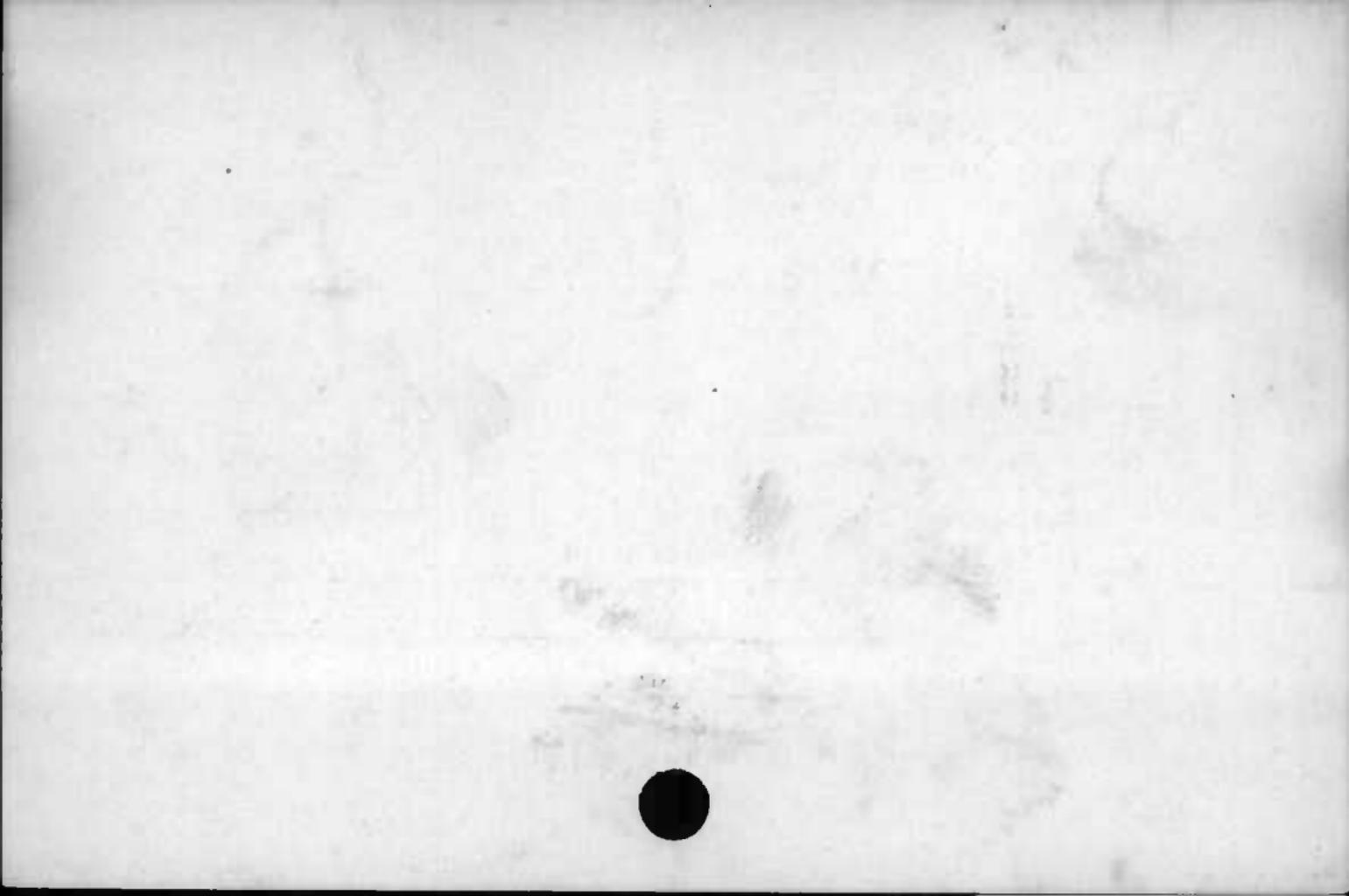


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

R. Benjamin Simons					CERTIFICATE OF DEATH	
Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
1906	Jan	2nd	Age	10	0	
Sex	Male	Color or Race	Colored			
Occupation			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name	Daniel Simons		Father's Birthplace			
Mother's Maiden Name	Mary E Butler		Mother's Birthplace			
Name of person giving information	Father		How related to deceased			
CAUSES OF DEATH						
Primary	Congenital Jones		Since Birth			
Immediate	Exhaustion		Gradual			
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
Yes			Address			
Accident	Suicide?		John Ridenour 17th Street Apt 10 Annapolis Md			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Wm. Williams

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at	Ammapholis		-County			
Date of death	Month	Day	Years	Months	Days	
1906	Jan	15 th	Age	58	10	
Sex	Male	Color or Race	Colored			
Occupation	Grocery Dealer					Where Residing if not at place of death
Married, Single or Widowed	v. l. w.		Name of Wife or Husband			

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

Annie Johnson 12

Daughter

CAUSES OF DEATH

Primary

Chronic Gastritis

How long

Months

Immediate

+ Inflammation of the liver

How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

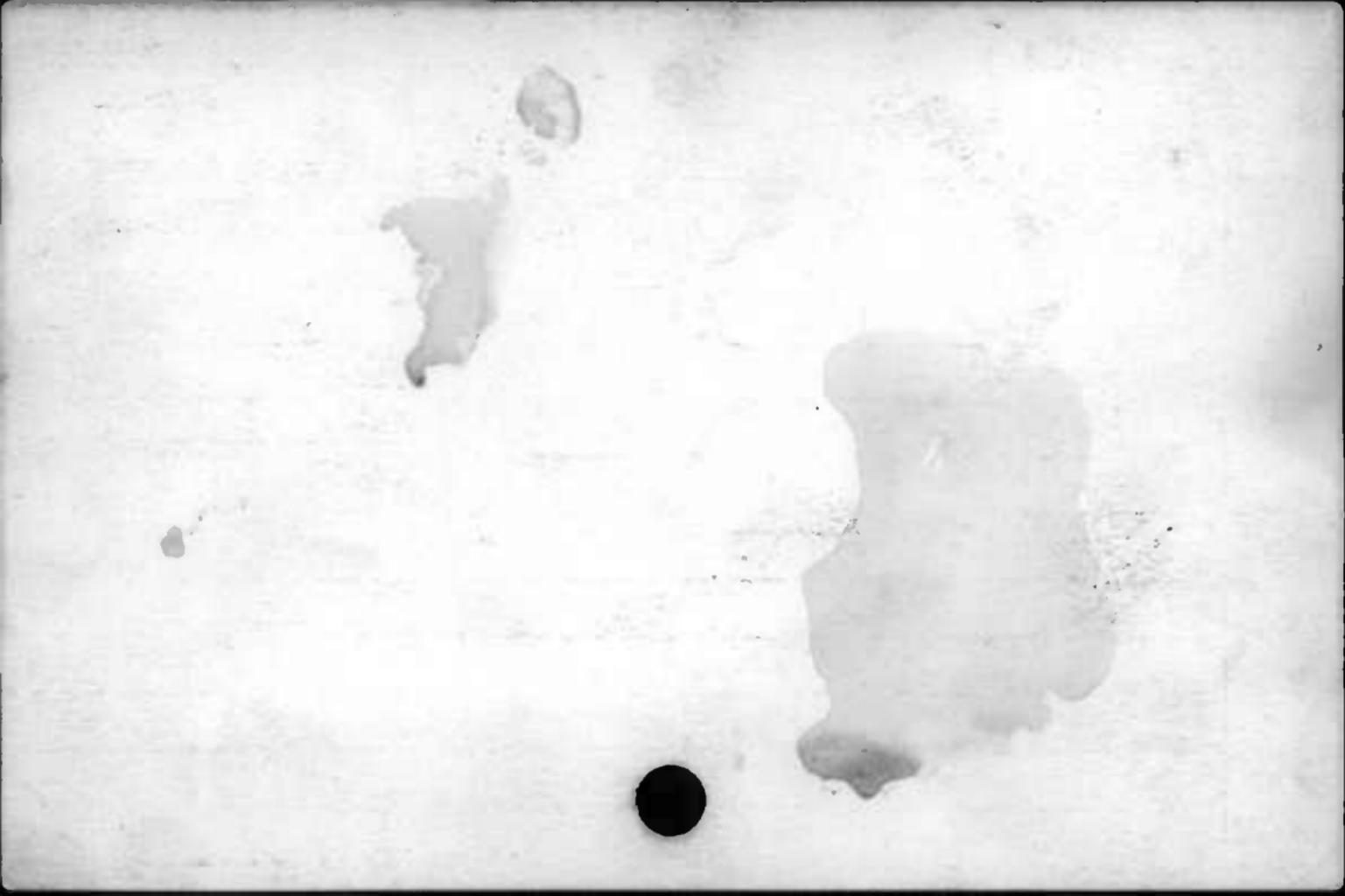
Signature of Physician

yes

Address

John Ridout, M.D.
Ammapholis
Md.

Accident or Suicide?



Name
in
Full

John S. Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1904	Jan	13.	—	—	2
Sex	Male	Color or Race	White	Birth-place	Annapolis
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Chas B. Smith				
Mother's Maiden Name	Eugie Sears				
Name of person giving Information	Lewis A. Smith (92)				
Father's Birthplace	A.A Co, Md.				
Mother's Birthplace	" " " "				
How related to deceased	Grand Daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.J. Murphy

Accident or Suicide?



Name
in
Full

Louise Stevens

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1906	Month Jan.	Day 27	Years 53	Months Days
Sex Female	Color or Race Colored	Birth-place A.A. Con		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed Single	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name Derby Stevens	Mother's Birthplace			
Name of person giving information George Stevens	How related to deceased Son,			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General debility

(179)

How long

Immediate

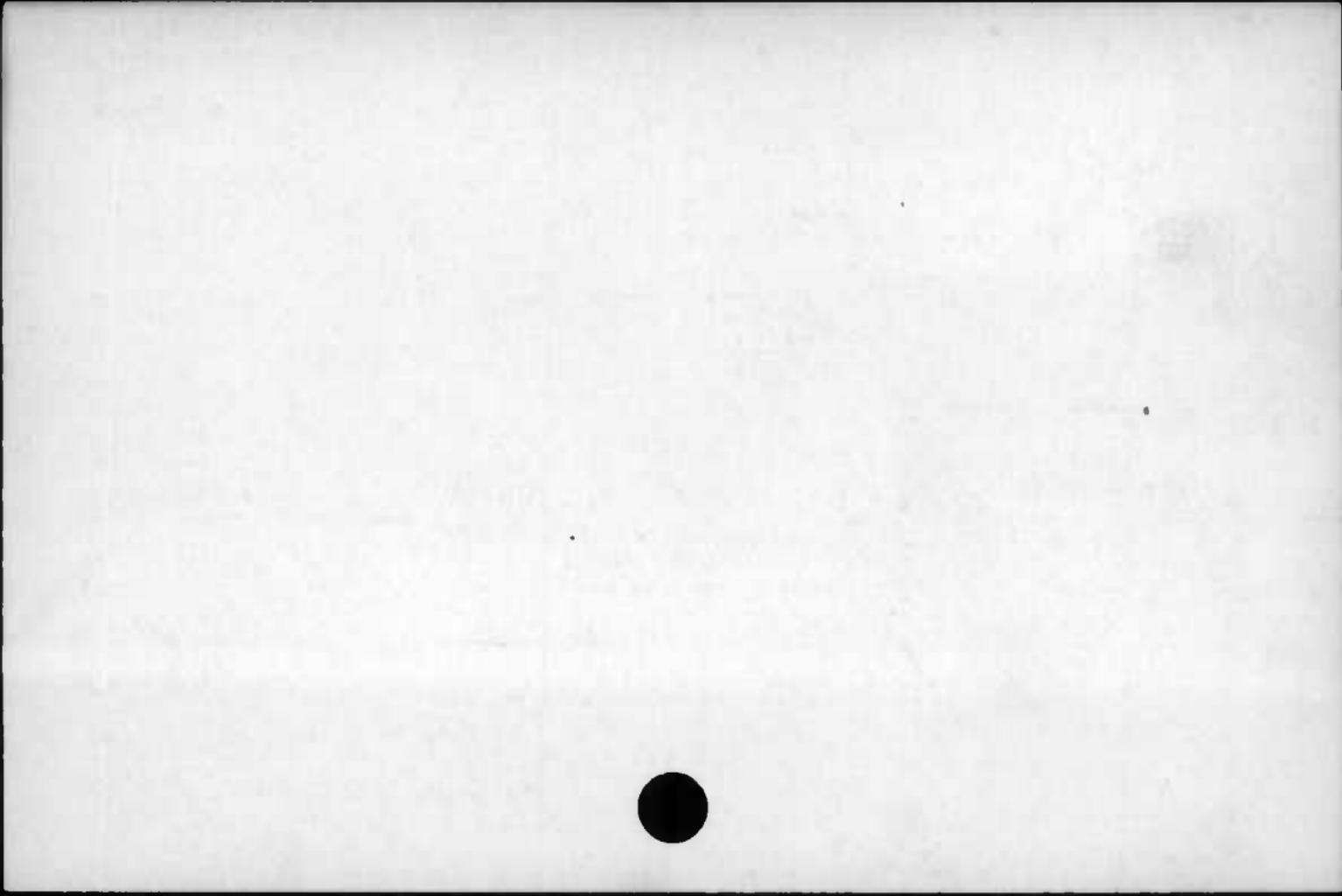
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. P. Kidwell M.D.
St. Margarets Ind.

Accident or Suicide?



Name
in
Full

Agness Marie Taylor

CERTIFICATE OF DEATH

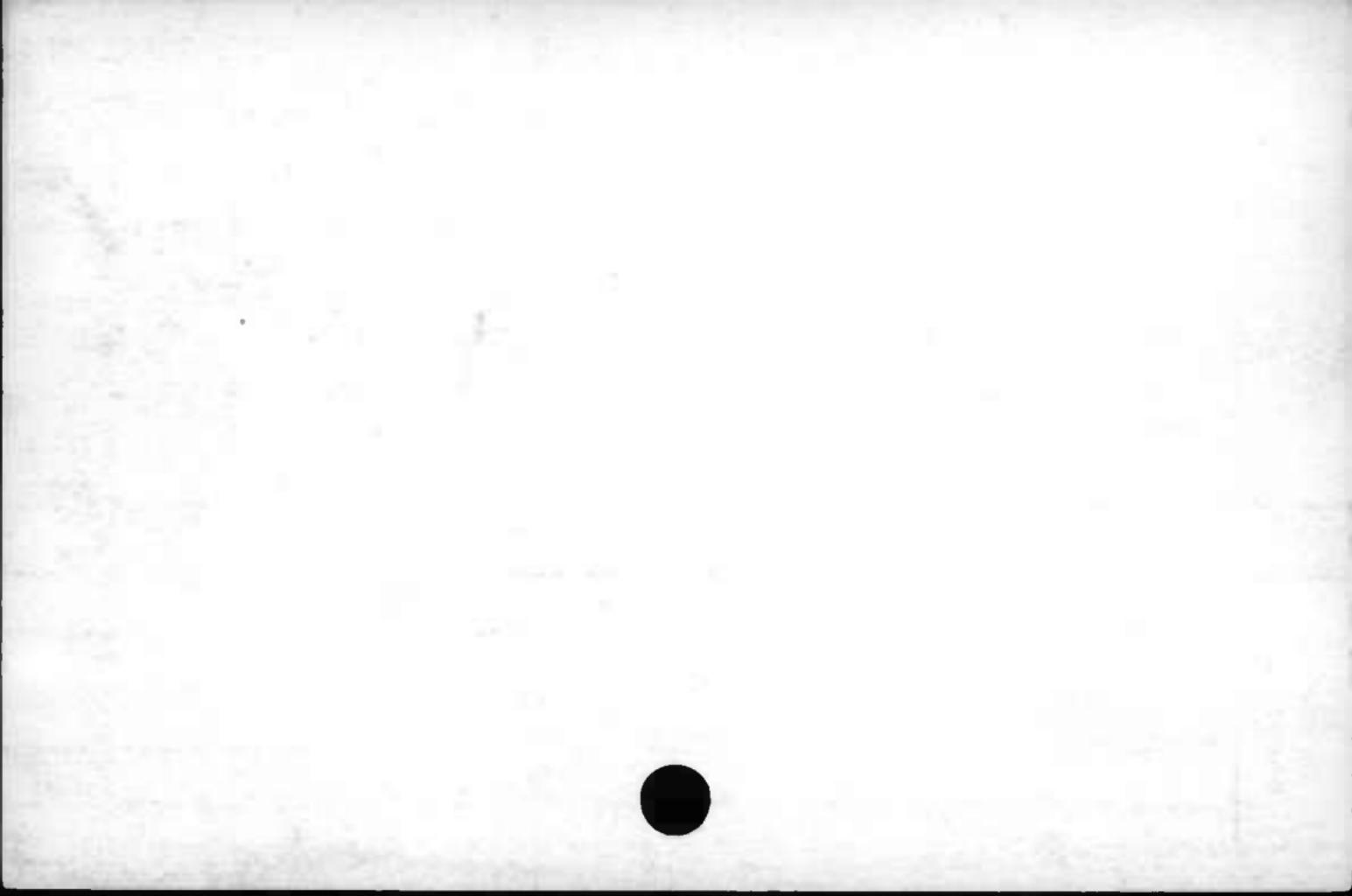
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>MacPherson</u>		Town	<u>Ann Arundel</u>		County	<u>MARYLAND</u>	
Date of death <u>1906</u>	Month <u>Jan</u>	Day <u>13</u>	Age <u>8</u>	Years	Months <u>8</u>	Days	
Sex <u>Female</u>	Color or Race <u>Yellow</u>			Birth-place <u>Ann Arundel Co Md</u>			
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <u>Millon Taylor</u>	Father's Birthplace <u>Ann Arundel Co</u>						
Mother's Maiden Name <u>Nora Isabella Gambrell</u>	Mother's Birthplace <u>Ann Arundel Co Md</u>						
Name of person giving information <u>Nora Isabella Gambrell</u>	How related to deceased <u>Mother</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pleurisy</u>	How long <u>4 days</u>
Immediate <u>Suffocation</u>	How long <u>3 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Ter W merson</u>
	Address <u>Hanover Md</u>
Accident or Suicide?	



Name
in
Full

William Theodore Troubridge

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1906	Jan.	18	Age _____
Sex	Male	Color or Race	White
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Greenville, Ct.
Father's Name	Thodore P. Troubridge	Mother's Birthplace	Cecilton, Md.
Mother's Maiden Name	Florence E. Etherington	Name of person giving information	How related to deceased
T.P. Troubridge		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro-Enteritis	105	How long
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician
			Address
Accident or Suicide?		Tom S Welch, Annaforie	

10.00

10.00

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
.NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <i>Concord, Md.</i>		Town	County		
Date of death <i>1906 Jan 17 wed</i>	Month	Day	Years	Months	Days
Age <i>3</i>					
Sex <i>Female</i>	Color or Race <i>Caucasian</i>	Birth-place <i>Baltimore</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		161	
Father's Name <i>Wm. Johnson</i>				Father's Birthplace <i>Anacostia</i>	
Mother's Maiden Name <i>Bessie Johnson</i>				Mother's Birthplace <i>Anacostia</i>	
Name of person giving information <i>Sister - Bessie Johnson</i>		How related to deceased			

CAUSES OF DEATH

Primary	<i>Burns - Anaphylaxis</i>	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

*Burns**Burns*Accident *Surf**MHP*

Signature of Physician

Address

*Bethesda Hospital
Baltimore*

